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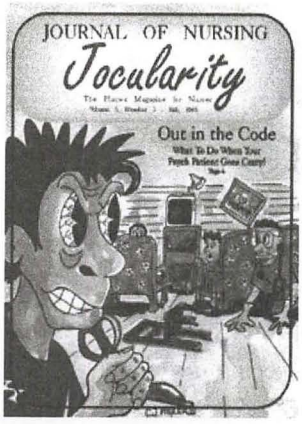

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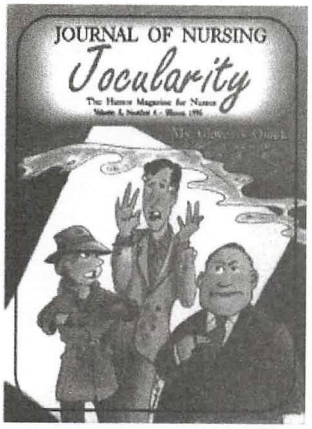

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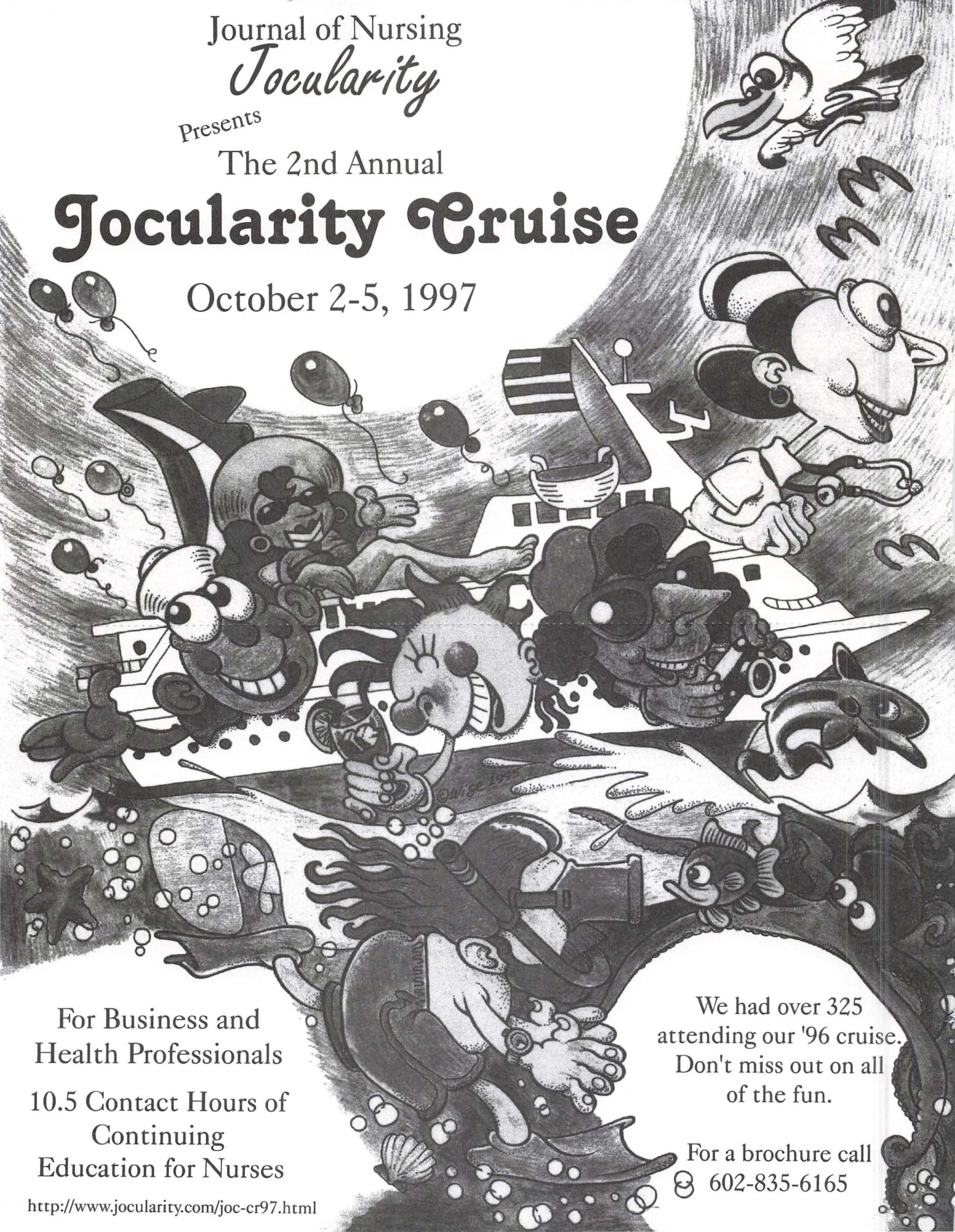

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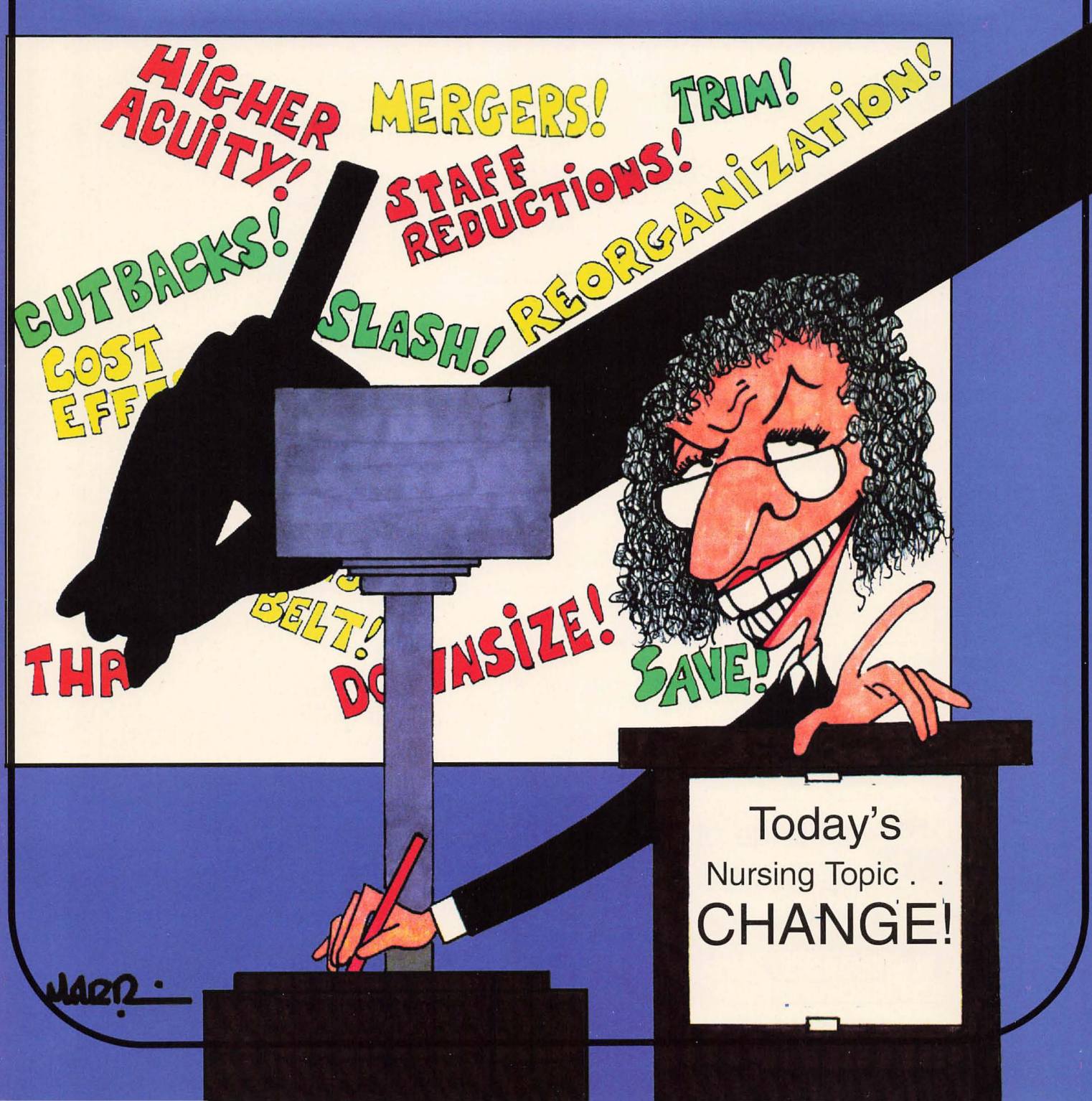
Volume 6, Number 4 - Winter, 1996



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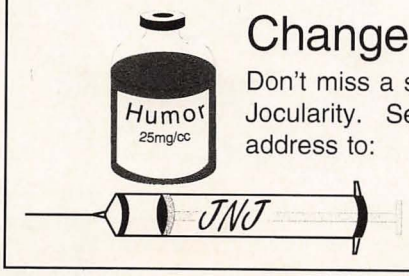

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Journal of Nursing Jocularity®

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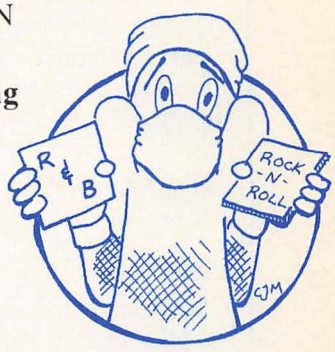

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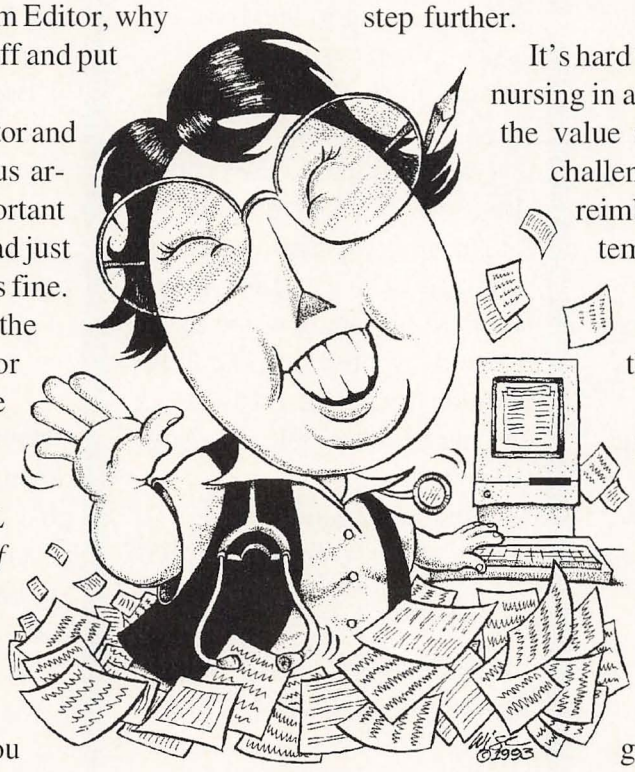
EDITOR'S NOTE

When you read this issue, there's a good chance you will read the funny stuff and ignore the articles near the back on the therapeutic use of humor.

Oh, I'm not psychic. It's just that I was a *JNJ* reader before I became *JNJ's* Editor.

So you ask, now that I'm Editor, why don't I just take out that stuff and put in more funny articles?

Well, now that I'm Editor and I *have* to read those serious articles, I realize how important they are. If you'd rather read just the funny stuff today, that's fine. But I believe articles on the therapeutic use of humor need to be there because few other nursing journals will publish them. Since *JNJ* is indexed in *CINAHL (the Cumulative Index of Nursing and Allied Health Literature),* we are ensuring that articles on the therapeutic use of humor will be accessible when you need them.



This issue has one article I expect will be passed around, once it is discovered. It's "Nurses—Act Now," written by Dale L. Anderson, MD.

It has meaning for me because when I was fifteen years old, I read Constantin Stanislavski's book, *An Actor Prepares.* I learned and experienced the power of Method acting first hand. Years later, the addition of my training and experience in psychiatric nursing corroborates Dr. Anderson's thesis. Behavior can change feelings. And feelings can impact health outcome. I've seen it. I'm sure you have, too.

I believe we can turn a bad day into a good one by acting against our beliefs of the moment. Just act as if we are having fun, and indeed, fun will happen. We've all experienced that. You notice funny stuff around you more, you feel brighter and, ultimately, you forget how down you were. What a wonderful technique for improving morale!

But I can also see nurses taking this technique a step further.

It's hard to talk about the profession of nursing in any depth without bringing up the value of nursing services and the challenges presented by third party reimbursement. Our medical system is rapidly evolving. It could turn into a health care system, if we take advantage of this window of opportunity.

Dr. Anderson stated that psychologist William James, who developed the "act as if" school of psychology, decided to act as if he were free to choose his actions. Interesting concept. What would happen if we decided to act as if nurses are the largest group of professionals in the medical system? After all, we are. That should make the acting job easier.

What if we always acted as if we were equal players on the health care team? Acted as if nursing contributions were essential to quality care? Acted as if all nurses—administrators, clinical practitioners and academics—shared a common goal: to promote health for everyone?

What would the world be like then?

Fran London

Fran London, MS, RN
Editor

Stethoscope:

Listening to our Readers

I happened upon the article "Romancing the CVP" (JNJ, Vol 4, No. 3) as I was surfing the net in preparation for a report I am doing for nursing school on the images of nurses in the media. One of the prevailing themes is the idea of nurses as sex kittens. Granted, many nurses are sexy and there is a preponderance of sexual humor in the medical workplace. However, to propagate this myth of the nurse as a female subordinate brainless bimbo who idealizes the male physician and interprets his medical skills in varying degrees of sexual prowess is a travesty. The struggle for respect and acceptance in nursing is not facilitated by such insults to the profession as "Romancing the CVP."

Kathleen Cochran
via Internet

I love reading the letters that are sent in—people either love JNJ or they hate it! There doesn't seem to be an in between. I think this just exemplifies the problem that Mr. Data on Star Trek experiences: the inability to figure out what makes humor funny. What is it that sends some people into hysterics and others think is so disgusting, uncouth, or just plain not humorous? I guess it takes all kinds to make a world, but I sure hope everyone can find something to laugh at.

As a graduate student, the instructors are always encouraging us to think up research that would improve the profession, so how's this idea: A long term comparison of people sending positive and negative letters to the Stethoscope to see if one's response to JNJ can be correlated with the incidence of chronic health problems. Any takers?

Keep up the good work!

Julia A. Soper, RN, BSN
Edinburg, TX

I would like to add to "How to Irritate a Nurse:" (JNJ, Vol 5, No. 3)

Physicians: Attending physician ordering STAT Colace for the patient awaiting admission in the ER for three hours.

Patients: Upon arriving to the ER for a "burning on urination" complaint, immediately go to the bathroom before checking to see if you might need to give a urine sample.

— Rushing your child to the triage nurse because he has a 105 temperature all day, but you never gave Tylenol.

Visitors: Be sure to frequently call the nurses station in the ER to speak to the patient who is nowhere near a phone.

Police: Be sure to bring in a drunk, unruly, 302 commitment on a busy Saturday night because a) the paperwork is less for the commitment than an arrest or b) you gave the victim the choice of jail or 302.

Jane Lashock, BS, RN
via Internet

I'm no nurse. Worse, I'm the patient you described.

Bella Burnett
via Internet

Having been in on a takedown just the other day, I really go a laugh from your article on psych codes! It's great when the boss even helps out in heels and carefully manicured nails!

Nancy Ward
via Internet

I love Nursing Jocularity. As a nursing instructor to students, I'm a big believer in humor, not only for the students but also for the clients. I hope to use some of the nursing student jokes to show my students that these wild and wonderful "things" do happen and you have to learn how to laugh at yourself and with others. Thank-you.

Teresa (Terry) Sherwood
via Internet

I have to admit that I got a kick out of the article on death. Interesting thing though . . . I got into a heap of trouble when I was a student nurse because I did a nursing process on death as if it was an actual disease process. I was told by my instructor that I had a real sick sense of humor and that I really needed psychiatric help. Nice to know (after about twelve years) that it was not, after all, a sick sense of humor but a nurse's sense of humor at work here. Keep up the good work!

Laura Schlachta, RN
via Internet

Well, I'm just a beginning student nurse (at the age of 39), but I've decided that as long as I can actually get past dissecting the cat, I will be fine. I laughed way too hard at most of the stuff on the web page. Thanks for the break.

Karina Wright
via Internet

Just wanted to tell you how much I love JNJ. I began ordering it at it's second journal. I have been a long time supporter of laughing and having fun in the sometimes stressful profession that we are in. When I began my graduate work, I did a trial thesis on Humor and Health. People in my class just loved it. I then began to put humor "things" on the unit I worked on. However, some of the staff on the unit thought humor should be used only by patients and not "forced" on them by staff. I have since left there and donated a HUMOR CART for the staff and patients on my way out. Thanks for all the laughs and humorous thoughts. Stay online,

Karyn,
(No, this is not Karyn Buxman. I live in Madison, WI, not MO)
via Internet

I am writing in response to the article, "Laugh and Learn: Humor in Nursing Education," by Sandra M. Hillman, PhD, RN. This article highlights an important tool in nursing education that is often overlooked. This tool is humor, and it may enhance the quality of training a nurse receives. This training can also influence practices of patient care in future generations of nurses. Humor improves the quality of life of patients by stimulating the production of catecholamines in the brain. This process also increases alertness and memory and improves grades. . . Thank you for encouraging the use of humor in learning environments and clinical situations.

Nancy Finley, RN, BSN, C
Tinley Park, IL

I am an avid reader of JNJ—every issue. It is a pleasant way to spend an evening. I think you do Nursing in general a great service by offering us an avenue for our humor to "leak" out. Sometimes, Nursing can be a really tense job/profession to practice. We see lots of things everyday that make most people cringe. Yet through it all we are still able to see funny things in the situations we experience. It really makes me feel proud of my profession, when nurse's share their humorous stories and anecdotes, and that you offer them a forum in which to do so. Thank you from the bottom of my funny bone for all your hard work!

Debra Lum RNC, BS
via Internet

Your web site is like coming home. There really is a shared Secret Knowledge we've gained from being nurses [volume 5, number 3, "Why Is This Funny? Nursing's Unique Humor"] . . . and the twisted sense of humor that grows from it is our psychic life preserver. Thanks for being here.

Jeanne Gerrib, RN
via Internet
Westminster, CA

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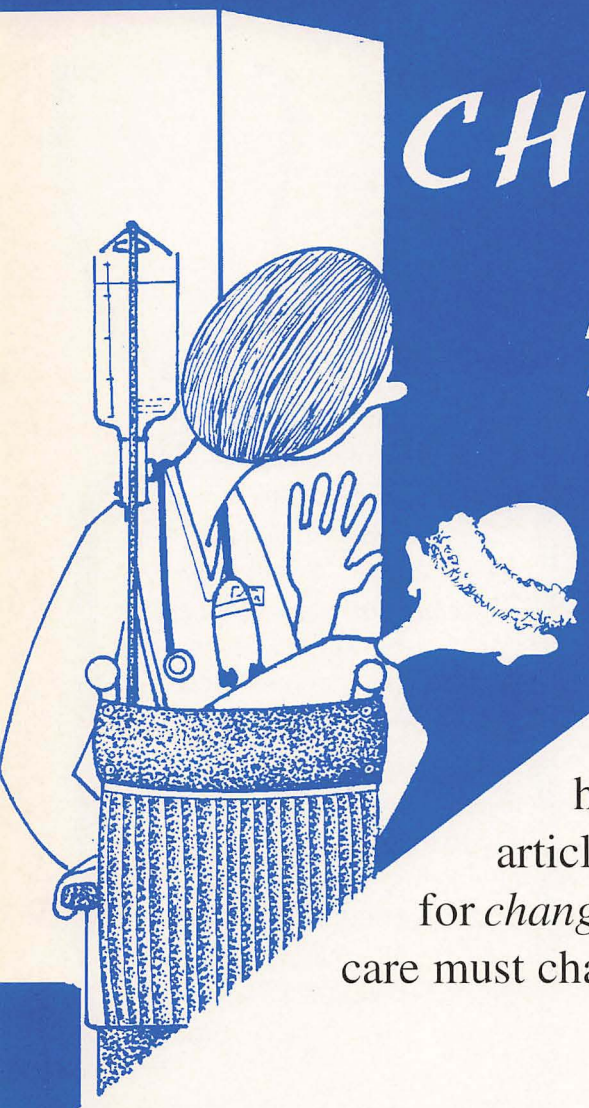


CHANGE

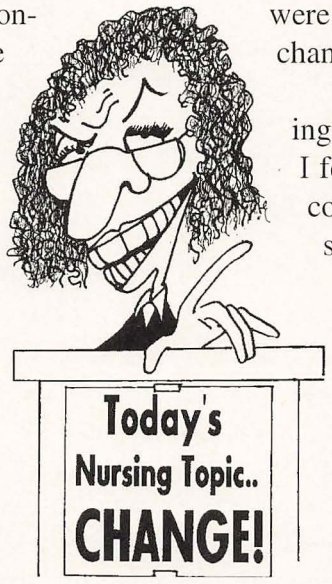
RAYMOND BINGHAM, RNC

The American health care industry has become a major news topic. Every article I read or report I watch talks about the need for *change*—the system must change, the delivery of care must change, the cost of care must change.

As a health care professional, I have tried to keep up with the latest developments. I must admit, though, that the growing complexity of the discussions and the proposed solutions confuse me. Maybe the basic ideas are beyond the capacity of a simple country intensive care nurse like me.

So, when our head nurse announced an upcoming inservice from the hospital administration entitled "Changes in Today's Health Care," I jumped at the chance to go. At last, the chance to get some straightforward answers.

Arriving at the conference, I found the room surprisingly full. Such dry topics rarely attract a crowd. I am not alone in my confusion, I thought. Others have come, seeking understanding. What a stimulating, vibrant time to be a nurse! Then I saw the line for the food cart in back. Maybe they were seeking lunch. Some things are beyond change.



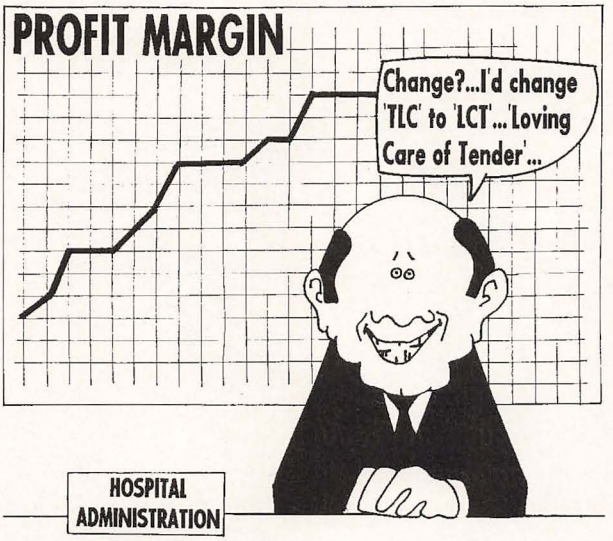
I recognized the speaker as a high-ranking official in the administration. Impressed, I felt this talk must really be important. I could barely contain my anticipation as she stepped up to the podium and dimmed the lights, ready to begin.

Then she put up the first slide.

It was, upon reflection, a very attractive slide. A modern, artful confusion of bright colors and multi-tipped arrows and squiggly lines crisscrossing in all directions, with images of compass points and clock faces scattered

about. It was impressive, like a soda commercial.

Somewhere in the middle was the full title of her lecture: "Changes in Today's Health Care—New Paradigms for Directions in Nursing Perspectives of Hospital-Based, Community-Sensitive, Managed Care-Driven, Quality Indexed Patient Care Delivery Systems. A Flexible Environment for the 1990's And Beyond."



The speaker enunciated this full title with obvious pride in its sweeping inclusiveness. By the time she finished, half the audience had fallen asleep (postprandial narcosis, I presumed), and the other half, after dutifully signing the attendance sheet, had slipped out the back door.

That left only two conscious participants: the speaker and me. Feeling obligated to cover for my coworkers and to keep things interesting, I asked, "What does that slide mean?"

She smiled down so nicely that I am sure the note of condescension I thought I detected was the result of my own insecurity. She answered, "It denotes the current atmosphere of dynamism."

"Dynamism?" I questioned skeptically.

"Yes, today's health care market is in a dynamic flux. Constant movement, new twists and turns, sudden shifts, altered directions and altered times. Think of going down a white-water rapid in a raft. Constant, permanent change. And we in the administration are here to be your guide."

Actually, I tended to feel I was traveling up a certain creek missing a necessary rowing implement. "Oh, I see," I said doubtfully, "New directions, movement, thrashing back and forth. That's change."

"Yes, exactly," came her enthusiastic response, "and remember, change is good."

"But how can change be permanent?"

She must have failed to catch my last question as she put up the next slide and launched into her talk.

I must confess, I had trouble concentrating on the lecture because in the back of my mind I struggled to understand her basic premise. What does she really mean by change? Finally, I tried putting my concern into a simple analogy I could relate to as a nurse. When she paused, I raised my hand.

"By change," I blurted out uneasily, "do you mean change like the time at work when I had three premature babies to care for and I spent most of my shift running back and forth from one to the other, then suddenly one of them developed abdominal distention and bloody stools, and I alerted the doctor, stopped the feeding, dropped an NG tube and sucked out some bloody, bilious stuff, got some x-rays, assisted with the septic work-up, inserted an IV to start fluids and antibiotics, then got him intubated and into a transporter to go down for surgery, all the while trying to find someone to cover my other patients? That kind of change?"

The speaker stared at me as if I had recently transported from another planet.

"No, no, that's not it at all. I am talking about important changes. Changes in our procedures," she insisted. "I have just been explaining about the new HMO the hospital is aligning with. From now on we will have new forms to fill out."

"New forms?" I repeated vacantly, "You mean, we're changing our paperwork?"

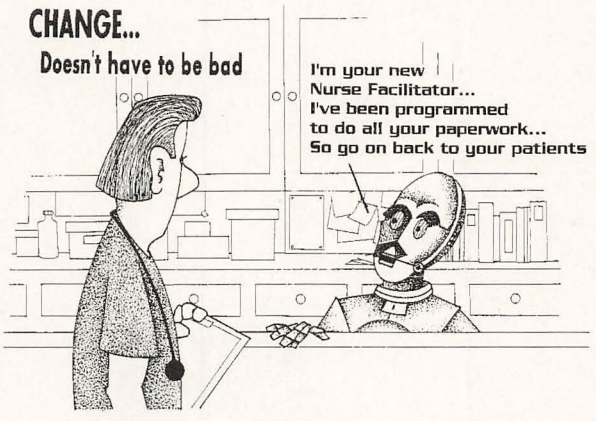
"Exactly," she answered, "and to reduce administrative time, these forms must now be filled out by the nurse at the bedside, in triplicate, and then entered into the new computer system within thirty minutes of admission or change of status. This will increase our efficiency 17%. You see, change is good."

"New forms, filled out at the bedside, within thirty minutes," I swallowed painfully, "into the new system that crashes for at least two hours every shift."

I must have spoken too softly, though, because she was already on to the next slide.

Digesting this information proved difficult, and thus I failed to follow her new topic. Then, still hopeful of achieving some basic understanding, a new analogy came to me. When next she paused, I raised my hand again.

"By change," I started haltingly, "do you mean change like the time I was called in on an hour's notice in the middle of the night on my weekend off, to help attend the unexpected, premature delivery of quadruplets, and ended up staying the whole night, even though I had to come back in Monday morning for my regular shift because there was no one else to take my place? That kind of change?"



The look of horror that descended upon her features made me feel as if giant poisonous spiders were suddenly crawling out of my ears.

"No, no, that's not it at all. I mean crucial, pressing changes. I have just outlined how the new Congress has cut back Medicare and Medicaid payments to hospitals, so the nursing staff will be taking care of more patients with higher acuity, while raises have been canceled, overtime payments stopped and layoffs are imminent."

"Cutbacks," I slumped back in my chair. "More patients, sicker patients, fewer resources."

"Fewer resources," she responded cheerfully, "yes, I could not have said it better myself. We have to cut down our overhead."

"But who is accounting for the quality of care?"

"Good question. I'm glad you asked that. That's a constant concern among the nursing staff. In response to mandates from our last JCAHO review, we have developed new Continuous Quality Assessment computer forms. You just need to fill in the proper dots, with a No. 2 pencil. We are confident these new forms will increase our Care Quality Index 12 and 3/4%."

Aghast, I entreated, "But what do little dots on paper have to do with quality care and patient contact?'' However, I must have been too slow, since the speaker had already moved on to the next slide.

Now, my head was swirling, and I failed to catch her concluding remarks. As she ended, one last analogy came to mind, and I raised my hand yet again.

"By change," I inquired, "do you mean change like the time I went out for a transport call on a ninety-minute ambulance ride to pick up what we thought was a quiet, full-term infant in mild respiratory distress, only to find her sinking into septic shock, so we had to stabilize her for a long trip back with the ambulance careening full-throttle down curvy, bumpy back country roads with sirens blaring hoping just to keep her alive through the trip, and then hovering over her for the next three days, monitoring her blood pressure constantly to titrate her pressor drips, her blood gases every thirty minutes to adjust the ventilator, and her urine output every hour to assess her fluid status, all the while trying to calm and reassure her frantic parents at every step, until she finally turned around and started to recover? That kind of change?"

From the disgust that enveloped her face, you would have thought I was sitting there picking my nose.

"No, no, no," she said with evident frustration, "that's not it at all. I am talking about vital changes that affect us all, very deeply. The hospital corporation we are merging with will bring in streamlined forms of management using a leaner approach, emphasizing core teamwork and individual accountability to enhance productivity as we reevaluate quality mechanisms and redefine job descriptions and work responsibilities."

"Reorganization," I sighed helplessly. "So nurses will have more paperwork and more individual accountability for more and sicker patients while backed with fewer resources and eroding pay and benefits, and actual patient care will be taken

over by newly-hired unskilled laborers."

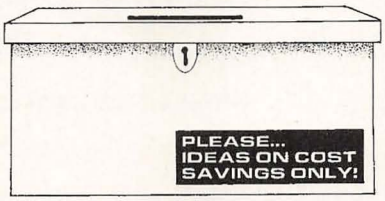
"Yes, you have it," she exclaimed excitedly, relieved at finally having broken through our communication barrier. "New jobs, new roles, a new outlook. We estimate the increase to our profit margin at 6.14%."

"And this is how you define change?"

"Yes, we must evolve to remain competitive in today's health care market."

"And this is good?"

"Oh, most definitely. Change is good."



Her concepts finally began to congeal in my mind, and a new idea began to form.

"Well, then," I addressed her with restored confidence, "I have a suggestion that would cut our costs, reduce redundancy, eliminate unnecessary overhead and improve the flow of resources to our core business of patient care."

"Yes, certainly. We are always looking for input from the staff," she responded while maintaining a remarkably straight face.

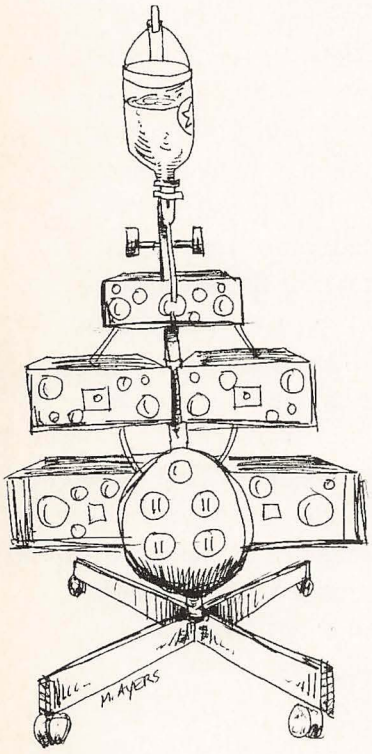
"Since we now have an HMO telling us what to do, and a new Congress telling us what to do, and a new hospital corporation telling us what to do, the current hospital administration has become superfluous. We could maximize efficiency of cash flow, reduce excessive bureaucracy, and improve decision-making throughout by lopping off all the administrative departments, eliminating all the extraneous positions, and hiring part-time temps to push papers. I estimate this would increase morale and worker productivity 26.835%."

"No, no, no, that won't work at all," she sputtered in agitation. "Let me explain. You see, there is good change, and then there is bad change . . ."

Change, I have come to conclude, is a complicated concept outside the comprehension of a simple country intensive care nurse like me.

'Twas the Night Before Christmas

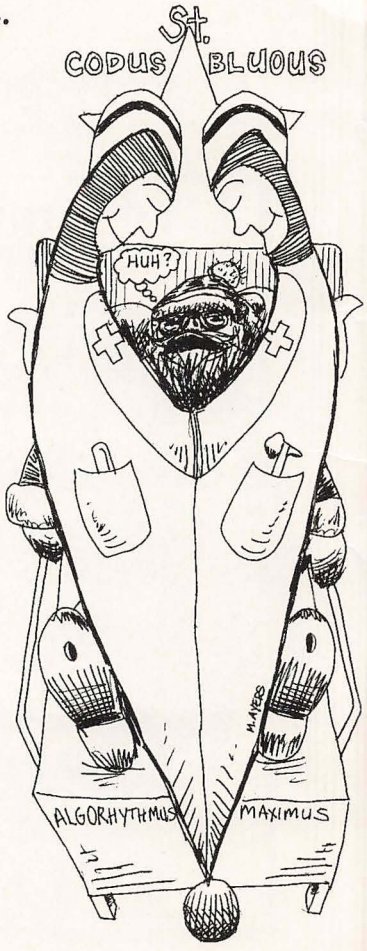
by Kathy Payton, LPN, MT



'Twas the night before Christmas all through ICU,
The patients were restless, the nurses were too.
The IVs were hung on their IMEDs in rows,
The patients assessed from their heads to their toes.

While Ruth who's still nesting and I took a break,
Paul made some coffee for hot caffeine's sake.
When out in the hall there arose such a clatter,
We sprang from our chairs to see what was the matter.

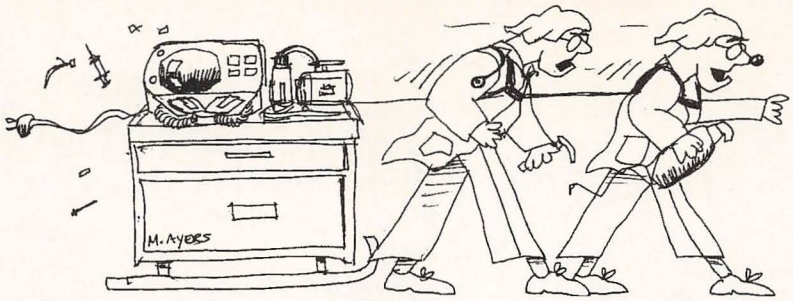
The florescent lights cast a glare on the floor,
As we scrambled and squeezed to get through the door.
Then what to our wondering eyes should appear,
But three ER nurses with a bed full of cheer.



The patient was gasping and breathing his last,
So we called Dr. Parker and said, "Make it fast."
As leaves that before a wild hurricane blew,
We flew in the unit and called out, "Code Blue!"

More rapid than eagles, he was moved from the cart,
The nurses and others, we all did our part.
On Pamela, Steven, Paula, Donna and Sue,
June, Becky and Becky, and Charles, you too!

The Patient needs oxygen, he's blue and then green,
This is the weirdest thing we've ever seen.
And then in a twinkling we heard from the bed,
"What are you doing? You'd think I was dead!"



We jumped in surprise, then we laughed and shook hands,
Sat down and waited for enzymes and bands.
Shelly and Mary were listing his loot,
His clothes trimmed with fur, his left and right boot.

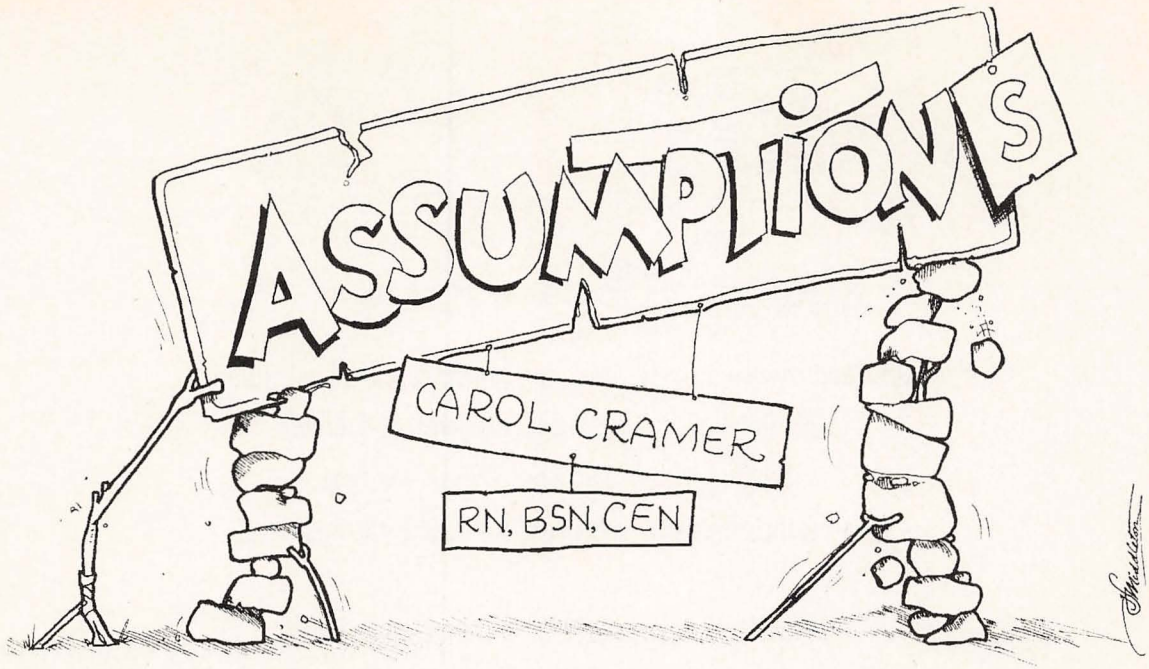
He asked us to check on the rooftop in back,
For some valuable animals and a great big red sack.
His eyes were now twinkling, his breathing was steady,
His color was better, he said, "Now I am ready."

We tried to instruct him about AMA,
He stubbornly said, "I must be on my way."
He put his old pipe in his bow of a mouth,
"Now I must get headed north, east, west and south."

"Dear Santa, we pleaded, won't you let us try,
To help you get over your stroke or MI?"
He winked at the gang and he twisted his head,
And promised us that we had nothing to dread.

The night was near over and he had to work,
So he gave us our stockings and turned with a jerk.
He blew a shrill whistle, his team came so quick,
Then flash out the window went good old St. Nick.

He sprang to his sleigh to his team gave a whistle,
His last words to us floated down like a thistle,
"Don't worry dear children, it's not my lungs or heart,
Those dang deer ate Mexican, man do they fart!"



I had just defibrillated the frail seventy year old patient when I noticed a scared-looking middle-aged man leaning against the doorway. With the patient still in PEA (a.k.a. EMD), I moved next to the stranger. Assuming he was a family member, I put my arm across his shoulders.

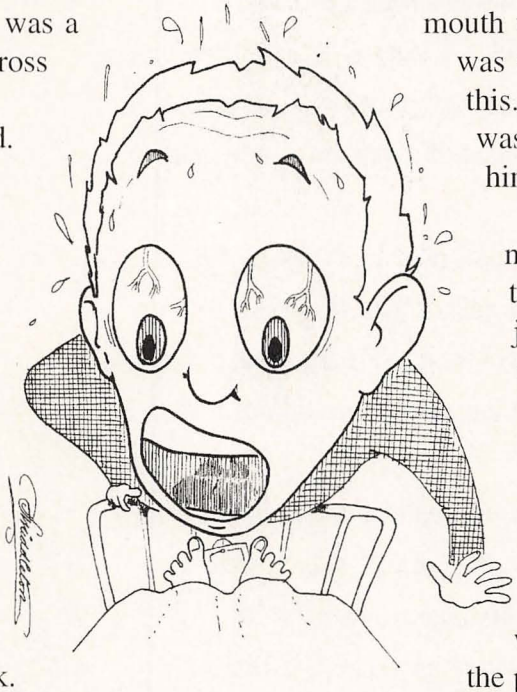
"Are you his son?" I asked.

"No, I'm his father-in-law," he answered.

"His father-in-law?!" I responded in disbelief.

"Is he going to be OK?" he asked desperately.

"We are doing everything we can," I explained. "His heart has electrical activity, but it is not pumping. We are trying medications and CPR, but we are not able to make his heart pump on its own. He's had a massive heart attack. Apparently he's had a long history of heart problems."



"I don't think so," the man said hesitantly. "He had a hernia operation this October, but I think that's the only surgery he's ever had."

"These scars on his chest are consistent with open heart surgery," I countered.

We both moved closer to the patient. The visitor stood over the bed. He stared in confusion and disbelief at the patient. The thin man lay naked on a stretcher. His hair was gray, his intubated mouth was toothless, his wrinkled body was emaciated. "I just can't believe this. I told my daughter everything was going to be OK and just look at him!" the man wailed.

Everyone in the room alternated their stares between the visitor and the patient. We pondered just how young this seventy-year-old man's wife was. Time slowed to a crawl as we continued the PEA protocol. The visitor stood nervously watching, his face gaunt.

Before anyone could clarify relationships, the doctor whisked into the room to check on the patient's progress. "Has the family arrived?" he asked.

"This man says he is the father-in-law," I answered.

The doctor walked to the head of the bed and stared at the patient's blue face. "You are this man's father-in-law?" he asked incredulously, with one eyebrow raised.

The room fell silent. Not a sound was heard except for the beep of a cardiac monitor and the hiss of artificial respirations.

"I don't think so," he said hesitantly, "but I left my son-in-law in this room. I went to the cafeteria for just a minute," the man neared hysteria, "Now look at him!"

The doctor glared at me. I bit my lip and looked at the floor.

Professionalism reigned. Not a snicker escaped. Having overheard the conversation, the charge nurse stuck her head in the room and quickly remedied the situation. "Oh, I moved your son-in-law to another bed," she said matter-of-factly, "Please follow me."

The visitor, visibly relieved and obviously embarrassed, scurried quickly from the room and disappeared down the hall.

After discharging my body double to the morgue, I went to check on the mental status of the lost visitor. I found him in the room with his upright and ambulatory twenty-year-old son-in-law. He was a tall, strapping 200 pound man covered with thick black body hair, a bushy mustache and a mouth full of pearly white teeth. The son-in-law and daughter were in the midst of gasping for air while laughing hysterically over the incident.

"You don't understand! I thought I saw you die!" shouted the shaken man.

I looked at the vibrantly healthy twenty-year-old man and wondered how anyone could have mistaken this muscular body for that of a frail, emaciated seventy-year-old.

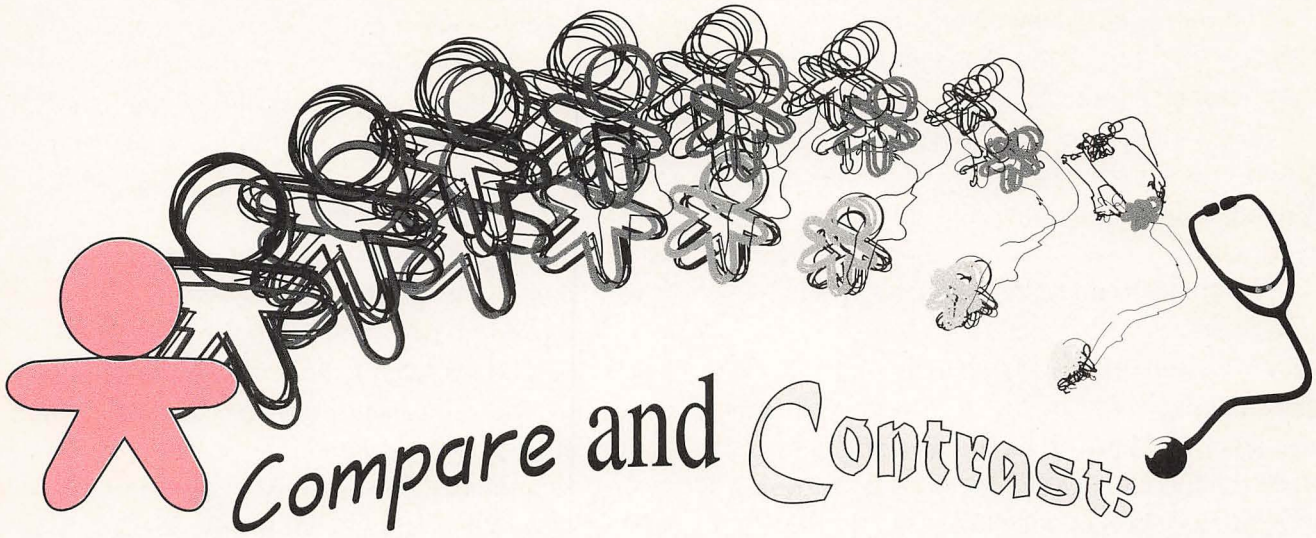
Assumptions. He assumed his son-in-law was still in that bed. He assumed people looked vastly different when dead. In a state of shock, his brain could not comprehend what he was seeing. I assumed his daughter must be married to a much older man. I assume this story will be told by that family for generations to come.

For the future, I have vowed to quit assuming.

Top Ten Excuses to Call in Sick

by Doris Plumer, RN

10. My husband's working.
9. 'Coons killed all the chickens.
8. I got vertigo on a spiral staircase.
7. I've fallen and I can't get up.
6. The babysitter didn't show up.
5. Death in the family: my dog died.
4. Cerebral Asystole.
3. I'm locked in the house.
2. Impending peakedness.
1. I feel too good to work!



Compare and Contrast: Parenting and Nursing

By Bina Goodman Simon, RN, BSN

Having recently become a mom for the first time, I was off from work for several months. Funny thing is, while I love nursing, I didn't miss it at all! I was trying to figure out why, when I realized that I was doing pretty much the same thing at home that I do at the hospital.

I know this is not a new concept—comparing our jobs to our home life. But it gave me an idea. Exactly how similar is nursing to parenthood?

Parenting	**Nursing**
the oldest profession	the noblest profession
bathing, changing, diapering	bathing, changing, diapering
you get all sorts of interesting, eternally embedded stains on your clothes	you get all sorts of interesting, eternally embedded stains on your uniforms
you lose a lot of sleep (especially new parents and parents of teenagers)	you lose a lot of sleep (especially night shift nurses and rotating shift nurses)
you feed your babies unrecognizable stuff you'd never eat if your life depended on it	you feed your patients unrecognizable stuff you'd never eat if your life depended on it
must work holidays, weekends, blizzards, tornadoes, etc.	must work holidays, weekends, blizzards, tornadoes, etc.

must work even when you're sick or else (1) your spouse will never forgive you for leaving him/her in charge of the kids on "that ridiculous Sunday" or (2) you'll find the house in total upheaval once you recover

you must display nonsensical gibberish drawn or written by your children on the refrigerator

you get yelled at by your mother or mother-in-law for messing up their grandchildren

you have to figure out what your kids are trying to tell you when they still can't talk

you must listen to a lot of whimpering and whining from your kids

somehow, the child always wins!

no monetary rewards

but the non-tangible rewards are endless.

must work even when you're sick or else (1) your coworkers will never forgive you for leaving them shorthanded on "that miserable Monday" . . .or (2) your pitiful sick-time allotment will be gone before you know it

you must display nonsensical gibberish written by hospital administration on your unit bulletin board

you get yelled at by doctors for messing up their patients

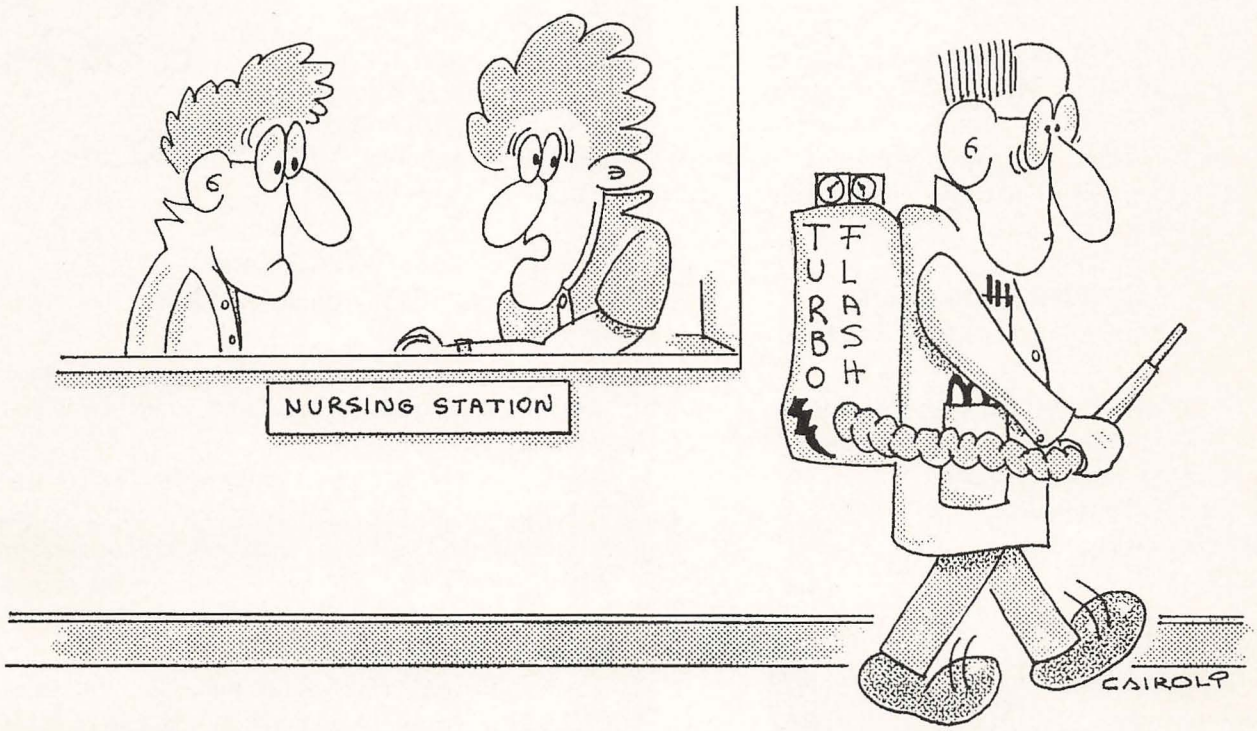
you have to figure out what orders the doctors are trying to give when they still can't write

you must listen to a lot of whimpering and whining from patients, visitors and doctors

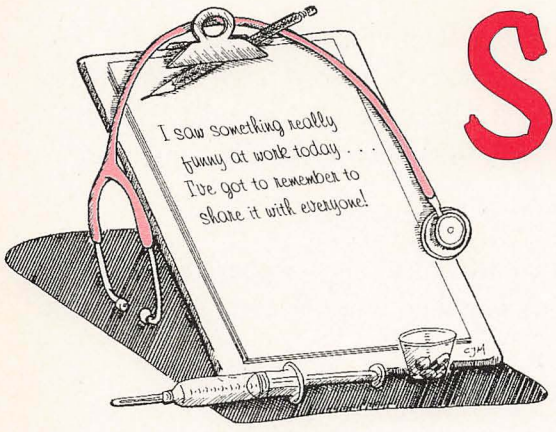
somehow, the patient/doctor/supervisor/visitor always wins!

almost no monetary rewards

but the non-tangible rewards are endless.



HE IS OUR NEW ENEMANOLOGIST



Stories From The Floor

Right to Bare Arms
Eileen Strickland, RN, OCN

An elderly woman was brought into the hospital after her ranch-hands found her babbling and lying on the floor. Another nurse and I were needed to insert an IV. The patient continued babbling, not indicating any awareness of our presence. She was extremely dehydrated and her veins had collapsed.

After assessing each arm, I said to my coworker, "We can't use an 18 or even a 20 because she's so dehydrated. We'll have to use a 22 on her."

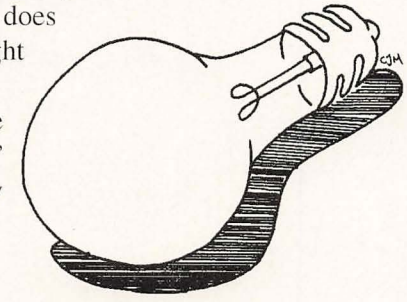
The woman's eyes suddenly came into focus, she looked me straight in the eyes and forcefully said, "You ain't gonna use a 0.22 on ME!"

On the Approved List?
Suzanne J. McMichael, RN, CCRN

In ICU/NOC we tend to abbreviate our nurses' notes. Actually seen and copied from a patient's record . . . "oral-scrotal care given."

Elevator Encounter
Marian Luctkar-Flude, RN, BscN

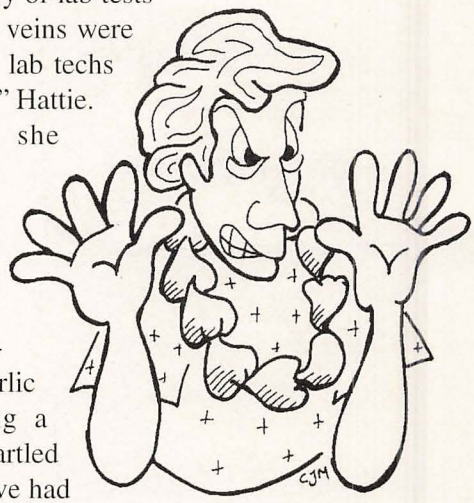
I was with another nurse on a hospital elevator when a flock of residents, interns and medical students got on. The other nurse said with a grin, "How many doctors does it take to screw in a light bulb?"



Everyone shrugged. "None," she replied. "They give it to a nurse."

Dracula Revisited
Alexandra Winfield-Scott, RN

Ninety year old Hattie was quick-witted and independent. Upon her admission to our med-surg floor, the doctor ordered a battery of lab tests and transfusions. Her veins were so hard to hit that the lab techs called her "Hard Draw" Hattie. After several days, she sported many bruises.



One day I heard screaming coming from her room. I rushed in to find Hattie sitting up in bed, wearing only a string of garlic cloves. Brandishing a wooden cross at a startled lab tech, she cried, "I've had enough of you vampires!"

NO Code Here
Shelly Burke, RN, BSN

I was a new RN on the Telemetry Unit. I was still very nervous about being in charge, when I answered the call light.

The elderly gentleman said, "I'm having chest pain" and gave the classic clenched fist sign over the left side of his chest. As I asked the usual chest pain assessment questions, my blood pressure went up 40 points. I frantically turned to phone the doctor, as I asked, "How long have you had this pain?"

His answer, "I've had this pain since 1945" caused me to leave the room and burst into laughter.

Translator Please

Joyce Tambala Ononiwu, RN

One night in the ER, I gave an enema to a Chinese woman who was severely constipated. Ten minutes after we discharged her with good results, a man with a very thick oriental accent called asking about his wife. I told him she was on her way home after she had been given an enema.

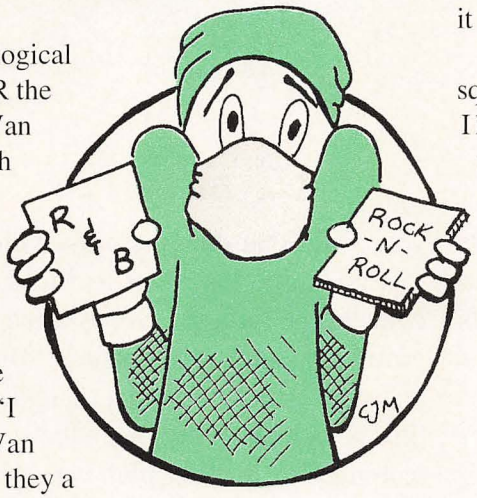
"An enema?" he asked, "What is that?"

For the next five minutes I tried to explain to this man, who did not appear to understand English very well, what an enema involved. I was about to give up when he said, "Oh, you mean you stuck a tube up her a**?" He had finally gotten it.

Then in a completely unaccented American voice he said, "Joyce, it's me!" It was the practical joking ER doctor.

Play Me Some Blues

Carrie Ishisaka, RN, MS



During an urological procedure in the OR the surgeon asked for Van Buren sounds, which are urethral dilators. The circulating nurse promptly went to the CD player and browsed through the discs and said, "I can't locate the Van Buren sounds. Are they a new group?"

Boxy But Good

Mary K. Parker, SN

During pre-conference, our preceptor was called away. One of the student nurses who had been assigned a patient with a vulvectomy looked puzzled. She asked, "I know the vagina and the labia minora, but what is a vulva?" We gestured to our crotches, murmuring the various Latin names for the genital structures. However, none of us could remember exactly what the vulva was.

When the preceptor returned, we asked her, "What's a vulva?"

She replied, "Why, it's a well-made Swedish car!"

We Need the Space

Anne Wallace Sharp, RN

A feisty 70 year old cancer patient had been moved from her semi-private room to a spacious lounge room. Unexpectedly, she did not like the change.

When I asked what was wrong, she pointed to the door going outside to the rose gardens. "It's bad enough that I have cancer and am dying, but do I have to be reminded about it constantly by looking at that huge EXIT sign?"

Sticks and Stones

Karen Dunkley, RN

One evening as I was bathing a 96 year old woman, I came upon a hard black spot on her right thigh. I asked her about the spot and she replied, "Oh, that's a stick I've had in me for fifteen years. Never have been able to get it out."

Unable to resist poking at it, I gave the area a little squeeze and out popped the stick, pus and the worst odor I have ever been exposed to. Much to my dismay, I began to gag and retch right in front of my patient who was breathing a sigh of relief.

I ran out of the room and told a fellow nurse what had happened. All she could say was, "Dr. Brown is going to be very unhappy that you did that. He could've charged a surgical fee."

S'mores Anyone?

Beth Riley, RN

Where I worked in the PACU, one lady I received was still quite sedated. She was shivering and c/o being cold. We put warm blankets on her and she started yelling, "Oh no! We're getting too close to the the fires." We calmed her down and she returned to sleep. When she was oriented we asked her why she might have said that. She told us she had just returned from a camping trip with 50 eight year old Girl Scouts.

Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

The Confetti Egg Kid

By Terry Bennett, RN, BSN

The nurses on 3 North at Fox Chase Cancer Center use the art of humor therapy regularly to assist patients and families cope with cancer and its complications. Over the years, these nurses have been very innovative in their application of humor. One patient who benefited from this coping technique was an eighteen year old, Jim. He was diagnosed with lymphoma, and his multiple admissions meant he spent the better part of his life on our unit.

Jim entered the hospital scared, angry and combative. He was difficult to talk to, refused scheduled tests and treatments and withdrew from the efforts of social service and pastoral care. The nurses saw him building a wall—a very thick wall—between himself and his caregivers. We had to reach him before the wall was unbreakable.

One morning while emptying Jim's emesis basin, a nurse replaced it. On the new one she jotted "Jim's puke bucket" on one side and a stick figure of Jim doing just that, on the other. She labeled his urinal, IV pole and pump, too.

Later that day, the nurse wheeled the portable TV/VCR into his room and told him to watch the educational video. She started the tape as Jim grumbled some choice words. But as the nurse left his room, she heard quiet chuckles. It was a Three Stooges video. The smiles the staff shared that day reassured us that our plan was working.

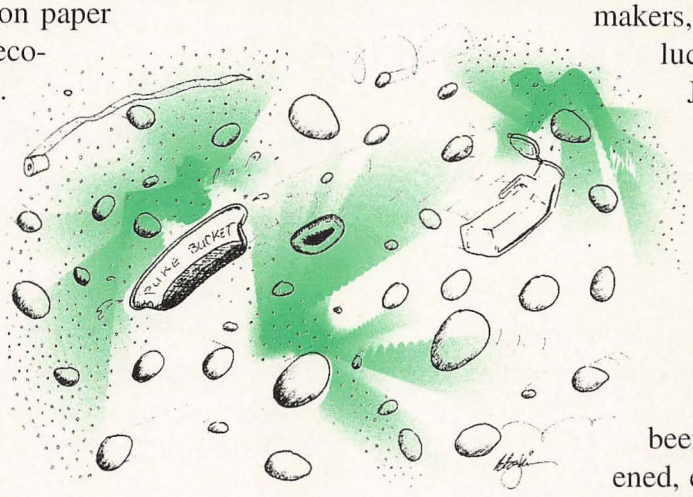
The next days offered small successes. Jim started tearing down the wall.

Snow blanketed the city and turned us all into children. We brought snowballs on the unit, and slipped one under Jim's blanket to serve as a natural alarm clock. A small snowball war followed in his room, along with lots of laughter. Jim went to radiation therapy that day armed with snowballs and a grin none of us had seen before.

Finally, he and the staff had connected. It continued to develop during each of Jim's admissions.

Spending any holiday in a hospital is difficult, and Jim spent many with us. At Halloween, the

nurses dressed as hippies. Jim had his dad bring his "shark attack" T-shirt with dozens of rips edged in blood-colored dye. At Christmas, Jim helped decorate the unit for the hospital-wide Christmas decorating contest. And by Easter, he was helping us pass out and collect construction paper bunnies that patients had decorated for display on the unit.

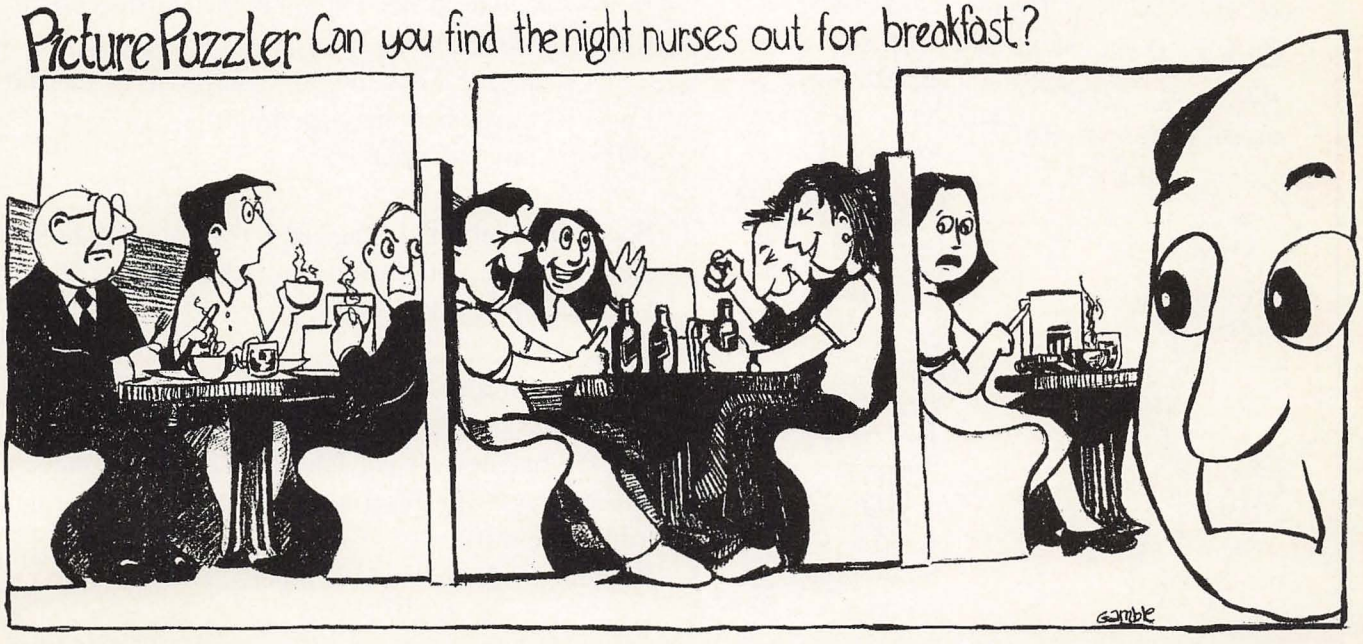


Finally Jim's chemotherapy and radiation were completed and he was scheduled to go to another hospital for a bone marrow transplant. The days before his transfer were difficult. Jim withdrew and staff spent quiet time supporting and encouraging him. The humor connection we made with Jim now allowed us to comfort him effectively and let him relax and share his eighteen year old feelings with us. But we weren't going to let the day of his discharge be a somber one.

A nurse, who recently returned from vacation in San Antonio, described to us "confetti eggs" and their use at a State Fair. Days before Jim's planned departure, nurses collected empty whole egg shells and filled them with confetti, then patched them with tissue paper. When dried and ready to go, they looked like average raw eggs, but when broken, a shower of confetti exploded from their shells. When the time was right, nurses equipped with eggs, noise makers, party hats and a good luck cake, converged on Jim's room. Eggs and confetti came at him from every direction with noise makers and shouts of "Good luck" and "We'll miss you!" Again, laughter filled the room and our hearts.

Jim had initially been a strong-headed, frightened, elusive patient. The use of humor not only made Jim smile, but helped him form a much needed therapeutic relationship with his caregivers. It enabled him to get in touch with his own fear and anxiety and cope more effectively with his disease.

Our nursing staff's use of humor therapy continues to promote patients' coping skills and to help them realize the wonderful benefits of laughter. You can do the same.



Call Lites!

The JNJ Joke Collection

Sign in a waiting room:

"Please pay in advance. We hate to collect from your heirs."

Submitted by Linda Olasov

A young man became concerned when his flatus changed. Instead of making a "ppfft" sound, it began to make a sound like "honda." A proctologist told him he needed to see a dentist.

The dentist examined him and found an abscess in the roof of his mouth. After it was drained, his flatus returned to its usual sound.

Astounded at the proctologist's knowledge, he called to thank him and ask how he knew what it was that was wrong.

"Easy," said the proctologist, "abscess makes the farts go honda."

Submitted by Pam Stetina, RN, BSN, OCN

Q: Why is getting the flu like being old-fashioned?
A: Because you're hoarse and buggy.

Submitted by Adrian C. Allen

A man responded to an ad for an instrument that could give instant enlargement of the penis and excitedly tore open the package when it arrived.

It was a magnifying glass.

Submitted by Dorothy F. Stauffer

"My doctor said I'm a hypochondriac."

"How does that make you feel?"

"I'm just sick about it."

Submitted by Kathryn Tuck, RN

A man with a discharge insisted he only had a common cold down there. The doctor shook his head.

"We will treat it as gonorrhea until it sneezes."

Submitted by Sunny Myers

A patient missed her appointment and the doctor wanted to know why.

"A man on *ER* had the same diagnosis as me and I wanted to see how he turned out."

Submitted by John Duncan

Social Worker: Your husband, is he a workaholic?
Patient: Yes. You mention work and he gets drunk.

Submitted by Lisa Evans

Mr. Jones went back for his two week checkup. His doctor told him he had good news and bad news.

"The bad news is you have the beginning stage of Alzheimer's. The good news is you can go home and forget about it."

Submitted by Phyllis Akhetuamen, LVN

Nurse's chart description of the frequency of a patient's vomiting: "It comes and goes in spurts."
Submitted by Kerri Lynn Hilbert, RN

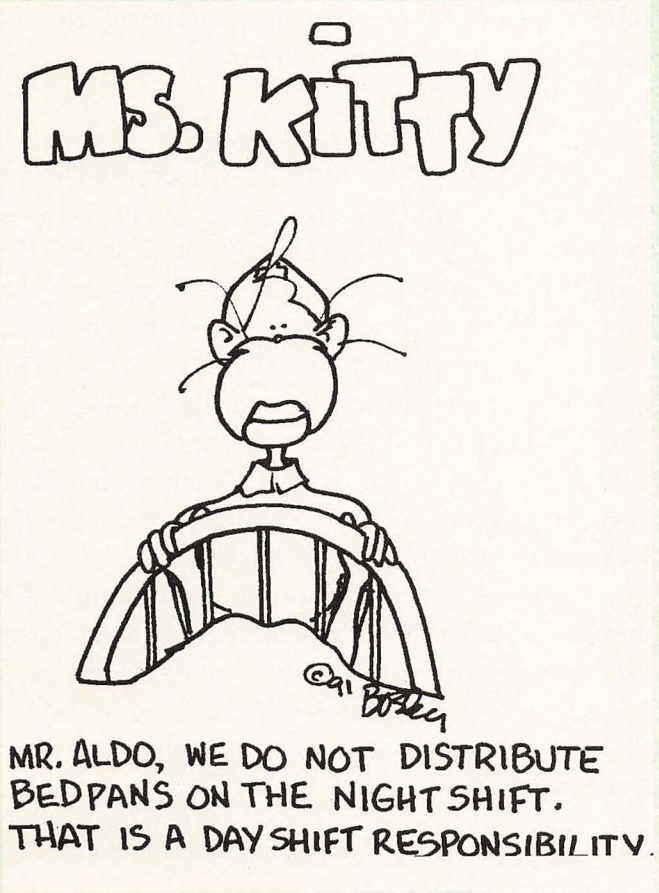
Q: How many surgeons does it take to change a light bulb?
A: They'd rather change the socket.
Submitted by Paul J. Murter, RN

The elderly woman had been waiting too long for her X-ray to be wet-read by the radiologist.

"How long will it take before my X-ray is finally dry?"
Submitted by Neil Coogan, MS, RN

STAFFING DURING THE FLU SEASON

Q: How many doctors does it take to change a light bulb?
A: Four. One to consult with a specialist, one to write the order and two to watch the nurse do it.
Submitted by Shirley Carlton



Nurse: Why do you have a pocket full of teaspoons?
Patient: The doctor said take one every three hours.
Submitted by Max Baverman

The husband intently watched the nurse put the thermometer under his wife's tongue.

He finally asked, "What do you charge for that instrument?"
Submitted by Carol Stumpf

A therapist suggested exercise might improve the man's sexual performance. "Try walking ten miles a day and call me in a week."

After seven days the patient called.

"Any improvement?"

"I don't know. I'm seventy miles from home."
Submitted by Lisa Evans

Q: What kind of glove does a nurse-midwife wear to deliver triplets?
A: A catcher's mitt.
Submitted by Linda Eaton

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

Pre-Op Instructions As Our Patients Hear Them

by March Warn, RN

Our peri-operative nurses phone patients on the afternoon before their scheduled outpatient surgery. Reading from a printed form, they provide these patients with pre-operative instructions including diet or NPO status, clothing to wear, test results to bring, when to arrive and where to check in. It seems to be a foolproof system, but as they say, whenever you design a better system, nature designs a better fool.

Since no patient would deliberately ignore our pre-op instructions, we must assume that some sort of technical glitch occurs with the phone lines. So instead of the pre-printed, rehearsed script we say over the phones, the following is what our patients actually hear:

Diet and NPO Instructions

Surgery can be a stressful experience. It is necessary that you prepare your body for this experience by providing the necessary fuel. We suggest that on the way into the hospital you stop and have a hearty breakfast. Steak and eggs, hash browns, biscuits and gravy, at least two cups of coffee and a large orange juice should see you through your surgical experience.

If your child is scheduled for surgery, he or she will likely be cranky on the trip into the hospital. Stop at a convenience store and get a large Coke and a Twinkie to settle your child down.

Clothing/Makeup

Since you will be seen by a large number of people while in our waiting room, we suggest that you dress up in your finest clothing and jewelry. Do not forget to apply a full coat of makeup, since you probably look sickly without it. If you are scheduled for a gynecological procedure be sure to wear pantyhose and a girdle. Several thicknesses of a bright nail polish will impress the surgical team with your fashion sense. And, so the admitting nurse will have no questions about your ability to pay your bill, wear every piece of jewelry you own.

Children scheduled for surgery should be dressed in the finest clothing, preferably bought just for this occasion, especially if they are going to have a tonsillectomy or tooth extraction. Large, heavy shoes with hard, sharp soles will help to keep their feet warm in the recovery room. Be sure to tie the laces in complex knots so your child cannot remove them easily.

Arrival Time

We will give you a time when you should arrive at the hospital. However, since hospitals, like doctors' offices, always run late, it is best to arrive at least two hours after that appointment time. This will prevent a long, boring session in our waiting room.

Diagnostic Test Results

If your referring doctor has given you copies of any diagnostic tests he or she may have performed at their office, do not bring these with you. We have a fax machine and our secretary really enjoys calling doctors' offices to have test results faxed over. (We don't think she ever gets any good mail at home, so this is very exciting for her.)

Home Medications

If you are taking any medications at home on a regular basis we would like to know about them. It is not necessary for you to know the name or your dose of these medications. Just a general description will do. For instance, you can tell us that you take half a pink football, two plain round white pills and a speckled capsule at breakfast and the rest of the pink football at bedtime. We will know exactly what you are taking since we are trained professionals and can identify all medications by their color and shape.

Past Medical/Surgical History

It is not necessary for you to know detailed information about your medical history. Just tell us you have had "stomach trouble" or that sometime in the past, a doctor once said you had "a funny heart sound."

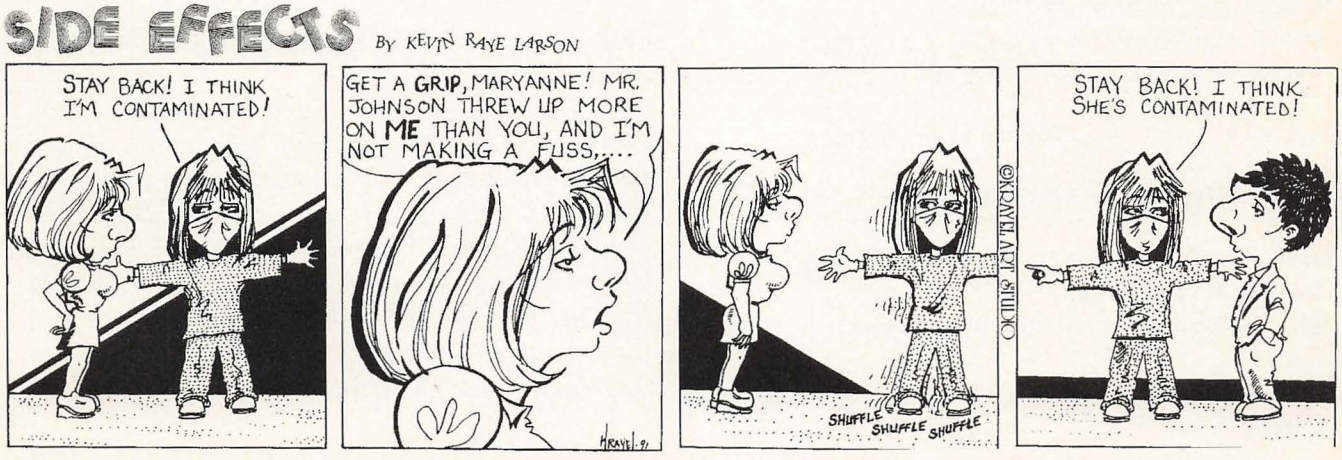
And, if you have ever had relatives whose surgery was canceled because they ran very high fevers after they were given anesthesia, don't tell us or we might cancel your surgery and you will have taken a day off from work for nothing.

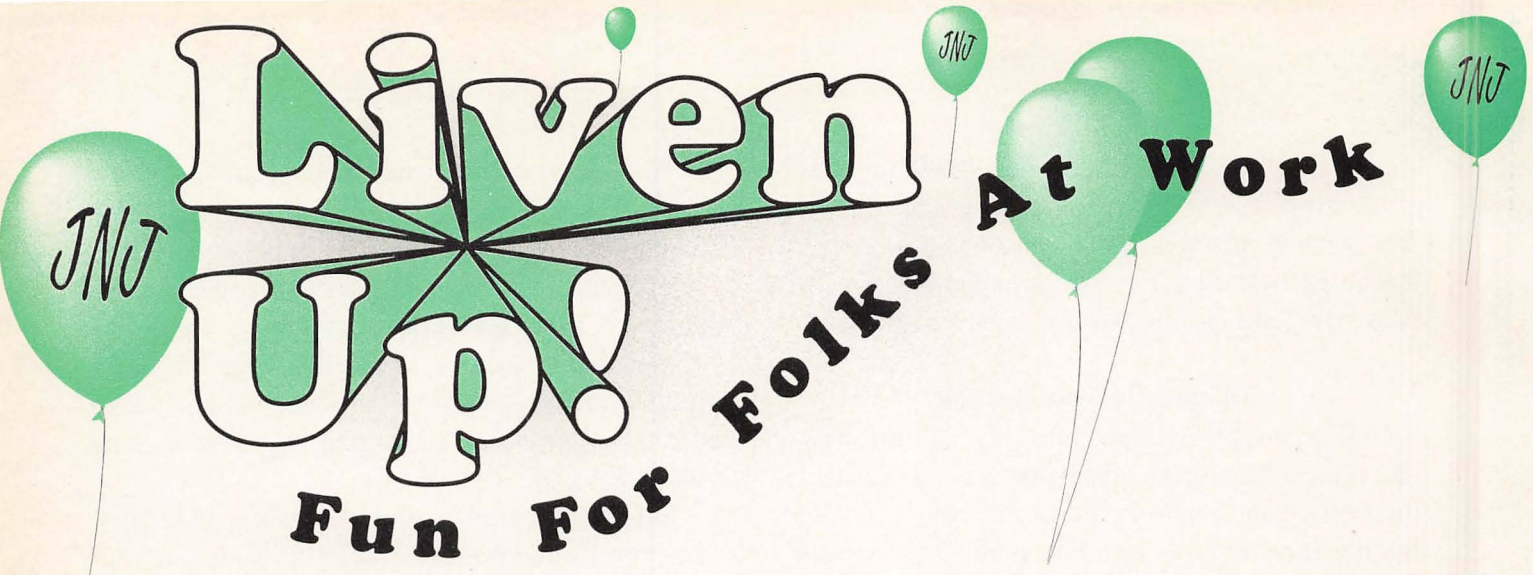
We don't need to know that you bleed for several hours any time you cut yourself shaving, or that you bruise easily. All surgical patients are going to bleed anyway.

You need not tell us about your surgical history. If you can't remember whether you have had your gallbladder, appendix, uterus or ovaries removed, don't worry. One of our favorite OR games is called "guess the surgery." After you are asleep, we try to guess which organs you have had removed by interpreting the scars on your body. And if you can't remember which side your hernia, breast lump, lipoma, or varicose vein is on, we will simply make an educated guess. We have a 50-50 chance of being correct.

Transportation

You will likely be given lots of narcotic and anesthetic agents while you are in surgery. After surgery, you may be drowsy or have diminished reflexes. You wouldn't want any of your family members or friends to see you in this condition, so drive yourself to the hospital and do not make arrangements for anyone to drive you home. After all, once you get out of the city, it is a straight shot up the interstate to your house.





Despite what seem to be some really difficult days in the working world, we at JNJ constantly strive to keep humor in the forefront.

Remember when summer camp meant fun, swimming, relaxation, campfires, s'mores and other fun things? Well, think again.

Camp Nurse

I recently spent a week at our church camp for the mentally handicapped as camp nurse. While it was an uplifting spiritual experience, by the end of the week, this is how far from normal my mind had gone!

Sung to the tune of "Sugar Time"

Tegretol in the morning, Tegretol in the evening,
Tegretol at supper time!
Take your Tegretol and be calm all the time.

Depakote in the morning, Depakote in the evening,
Depakote at supper time!
Take your medication and life will be sublime!

Now seizure time is anytime;
In the night or in the bright daylight.
So don't you fall. Just take your medicine one and all!
And we won't have to pick you up! Oh . . .

Tegretol in the morning, Tegretol in the evening,
Tegretol at supper time!
Take your Tegretol and be calm all the time.

Depakote in the morning, Depakote in the evening,
Depakote at supper time!
Take your medication and life will be sublime!

Elaine Tuten
Sumter, S.C.

Word Plays

When the blood and gore becomes a chore
And all my nerves are in ruins,
I pull out my quill,
Treat myself to a thrill,
And develop high acuity lampoons.

Patient's Signs/Symptoms	Lampoons
Broken bones	Sticks-and-Stones syndrome
Gunshot wounds	Holes-in-One
Multiple stab wounds	Slice-and-Dice disorder
Abdominal trauma	Possible Belly Jelly
Increased intracranial pressure	R/O an Information Leak
Diabetic ketoacidosis	Sweets Gone Sour
Elevated temp with diarrhea	Hot-to-Trot

Can you come up with some for your favorite diagnoses?

Charlotte Abbound, RN, BEd, MA
Phoenix, AZ

Please keep sharing your work humor with all of us. Remember, laughter isn't laughter unless it's shared with someone. Liven Up! is a regular feature in the JNJ. Send your story (50 to 200 words) about how you are using humor in your workplace to: Liven Up! Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the JNJ with your contribution, and an exclusive JNJ T-shirt.

A Passing Grade

by Paula J. Wilshe, BA

Our Emergency Department sees a great variety of patients every day. We also work with the Industrial Medicine department, which handles Worker's Compensation injuries, pre-employment and random drug screens, and physicals for many local companies. One afternoon I was taking information from a polite but nervous young man who was presenting himself for a company drug and alcohol test.

His answers were vague and tentative. He had trouble remembering his address and phone number. Clearly he was worried, although I tried to assure him this was a rather routine procedure and that, most likely, peeing into a cup would not cause him a great deal of physical discomfort.

Finally, as he signed the consent forms, he told me what was bothering him. "I'm worried about the alcohol," he whispered.

He had obviously not been drinking, and I wasn't sure how to respond. When I questioned him, he replied, "I don't have any." Then he handed me the form letter from his company that described urine drug screens and breath alcohol testing.

"What do you mean you don't have any?" I asked him. "You're not supposed to have any. That's the point."

He shook his head sadly. "I didn't have time to stop at the drug store."

"For what?" I questioned him, growing frustrated as I looked at the line of patients that was forming behind him.

He leaned into the window. "Alcohol," he said urgently, "I didn't bring any and they need it for the test."

Suddenly I understood. "It doesn't mean rubbing alcohol," I said. "It means alcohol. The kind you drink. You know, beer, wine . . . alcohol."

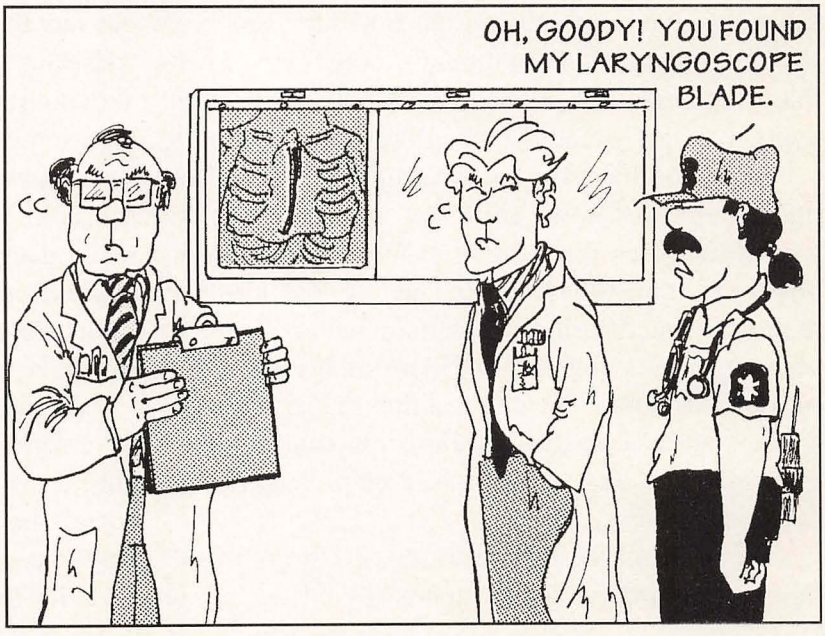
His eyes filled with tears. "I don't have any of that either," he said sadly, "I don't drink. I'm going to flunk the test."

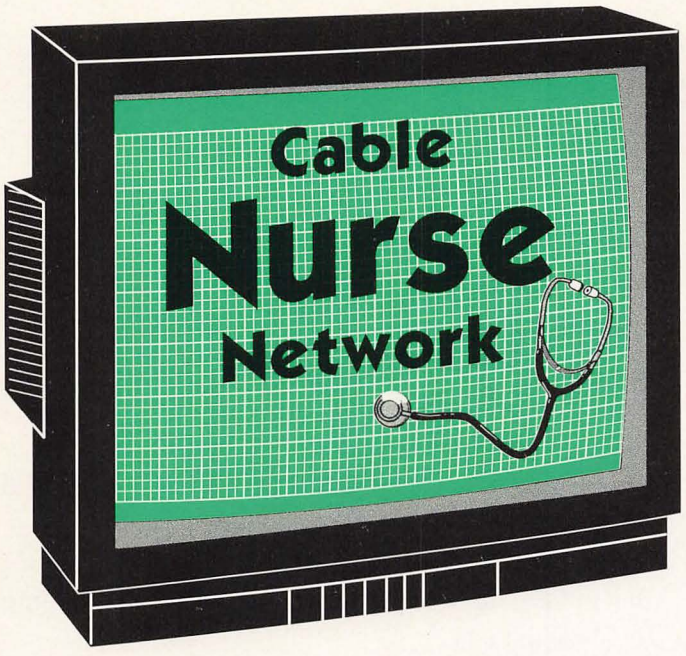
"No, no," I said quickly. "They are just going to test your urine to see if . . ." I gave up. I simply was not getting through and the line was growing. I was also perilously close to laughing and I didn't want to do more damage to his obviously fragile feelings.

"You know what?" I told him, "Take these papers to Room 16. I'm sure they will be able to make other arrangements."

He nodded and, head hanging in shame, moved away.

I hope he passed.





Nurse TV
What a Concept!

by Christopher E. Hughes, RN

I've been concerned for some time about the way nurses are portrayed in the media, particularly television. It's pretty rare to see a show in which the nurse is portrayed with any degree of accuracy. Take the fine drama *ER*, for instance. While the docs are performing open heart surgery in Trauma Room 1 or pulling a bullet out of some derelict's brain with their teeth, the nurses are running about, either trying to kill themselves, or stealing drugs out of the narc box to satisfy their insidious cravings. Things are so bad that sometimes the nurses try to kill themselves *while* they are actually stealing drugs.

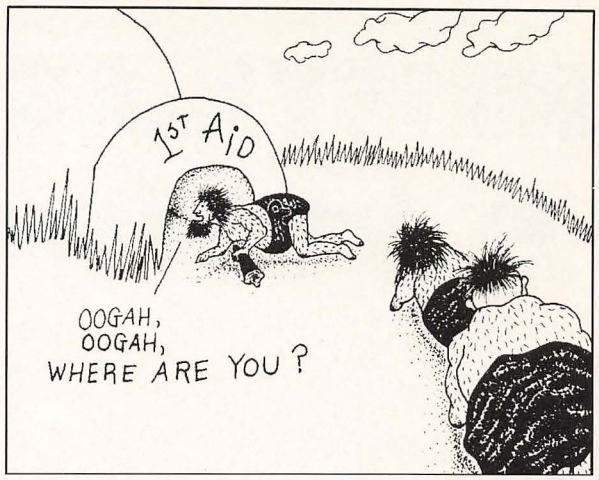
Then you have the eerily accurate portrayal of nursing spewed forth from the soaps. Tune in tomorrow to see the nurses run from floor to floor gossiping or hustling to make lunch for the docs. Or if she can find the time, check in on her one patient, who despite having just had both of his lungs removed, has some sort of head dressing on, with a small, dainty abrasion outlining his sunken male model cheeks. Just try to find a case of head lice in the soaps, I dare you.

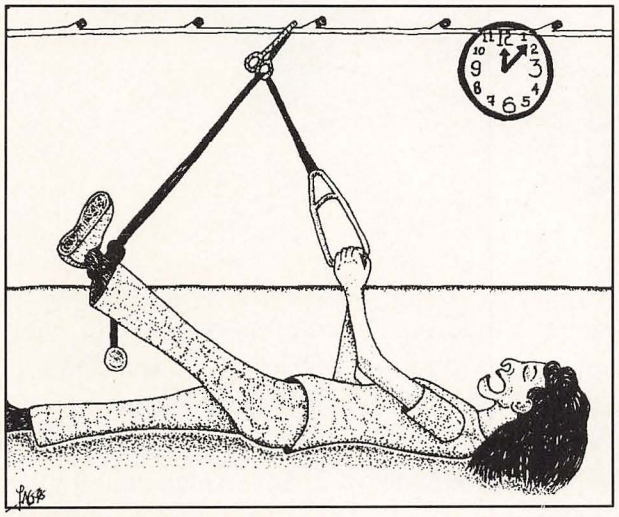
Worst of all are the shows that have portrayed nurses as skimpily-clad nymphos (I can't even believe that I'm writing this) running wild through the hospital, seducing every resident without a hunchback, while dealing with hard-hitting issues, like their anger at the new head nurse of the CCU. Seems the old hag had the nerve to make them lengthen their skirts, just because the old guys coded every time they walked past.

So what does all of this mean, besides the obvious fact that I watch way too much TV and whine a whole lot? Just this: we need our own cable network. We could call it CNN, Cable Nurses Network. What's that, someone else is already using CNN? I should have known. In big-time TV programming, nothing is sacred. Call it the Nightingale Network then. It really doesn't matter. What is important is that we could control what goes on, in reference to nursing. Think about it, twenty-four hours of nurses a day, seven days a week. What a concept.

We are going to need some shows, and luckily I have some ideas that we might want to develop for our network. They might be loosely based on some actual shows being foisted upon us by the bigger networks. But remember kids, in the TV biz originality is for losers. (See also, CBS . . .)

Oogah Smith RN; Prehistoric Nurse: Oogah, actually the first nurse ever, rides around on her stegasaurus (Ouch!), looking for people to care for. She does well until she takes a wrong turn while doing some Home Health stuff and falls off the edge of the world. Next episode: Oogah attempts to cure the cave leader's constipation with this new enema thing that she just invented. She runs out of mineral oil, however, and substitutes some new stuff called concrete. Laughs abound.

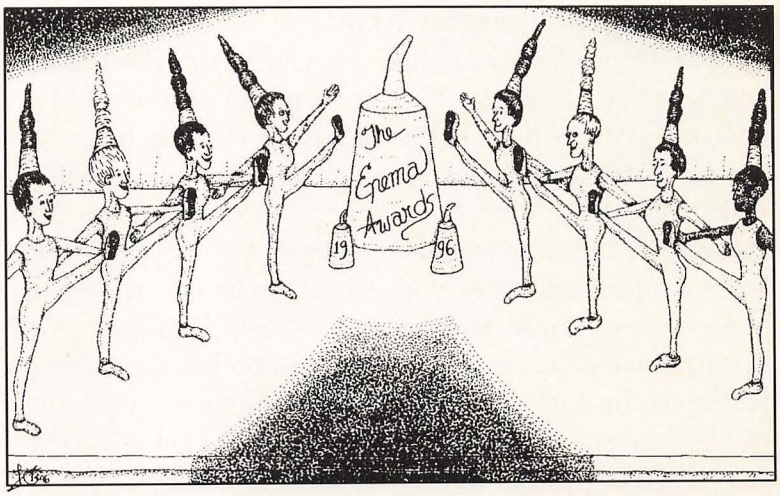




Kansas City Hopeless: From the producers of *Chicago Hope*, comes this hilarious concept. Nurses are paid what they are worth, appreciated by other staff members and patients, and are given six months paid vacation each year and a shiny sports car to drive. (Hey, as long as we're pushing the envelope of absurdity, we might as well go all the way!) Next episode: Nurse Johnson, staff nurse in the busy ER, actually gets 10 minutes to eat her lunch. She dies of boredom in the nine minutes she has left over.

The Mud Wrestling Nympho Nurses/Monday Night Football Special: Hey, who put this in here? I swear, ladies, I don't know where this came from. But if I find out, heads are going to roll. Honest.

Well, this at least gives us a start. I will, of course, need a staff of brilliant and dedicated writers to help me come up with fresh ideas. Or, what the heck, we could continue to steal ideas from the major networks. Medical shows are so hot right now that it really doesn't matter what kind of garbage we put out, as long as we hitch ourselves onto the bandwagon. Best of all, we would never have to watch a show like *Nightingales* again. Thanks for your time, and as we say in the biz, let's do lunch babe.



Christmas Turkeys

By Anne Wallace Sharp, RN

Several years ago I spent Christmas working the evening shift in the emergency room of an inner city hospital. Normally, Christmas is fairly quiet in the ER with only a handful of crises to deal with—indigestion from over-consumption of turkey, a few scrapes and bruises from overzealous kids and parents trying out new bicycles, sleds and toys, and even a headache or two from too much Christmas cheer. This particular Christmas, however, it seemed that everyone in Dayton, Ohio decided to spend their Christmas at the emergency room.

Children of all ages and sizes were running helter skelter through the waiting room. Most were dressed in their new Christmas outfits, which wouldn't stay new for long with the recklessness with which they were scrambling over the floor. Parents were screaming at their children and at each other. Unfortunately everyone seemed to be yelling at the nurses. "Nurse, nurse, nurse . . ." We were all getting tired of hearing that word. Just when the tension seemed unbearable, relief came in the form of a Dayton ambulance delivering an assault victim.

But this was no ordinary assault. This was a legend in the making.

A large woman was wheeled in, screaming and threatening to kill or maim everyone in sight. She had a huge laceration on the back of her head and was covered in blood. She was intoxicated, irrational and uncooperative—and those were the positives. She could not or would not offer any explanation for her condition.

The Emergency Room physician, a veteran of many Christmases, took one look at the woman and called out, "I'm going to need some help with this one." Several nurses rushed to his assistance. The doctor looked at the woman, introduced himself, and said, "I'm going to clean up that gash and put a couple of stitches in."

Well, you might have thought he'd said he was about to amputate both her legs. No sooner were the words out of his mouth than the woman raised up, "You ain't going to touch me, you . . ." and threw a punch.

The doctor had seen the blow coming and stepped back quickly, out of harm's way. Calmly, he looked at the staff and said quietly, "I think we might need to restrain our friend here."

She didn't care for this news, either. Throwing her leg over the side of the cart, she prepared to make her escape.

"You ain't going to tie me down!"

With blood dripping down her entire body, she did not present a pretty sight. Bravely, and at great personal risk, we nurses secured her to the gurney with sturdy leather straps around her wrists and ankles. This procedure was not without its sound effects. The woman continued to find new and interesting ways to address us. Once she was secure, the doctor attempted again to examine the wound.

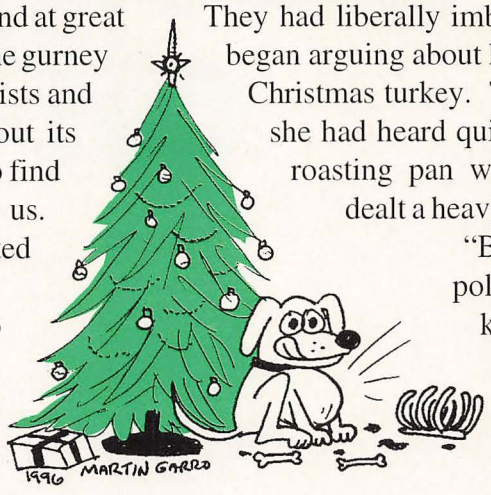
Thrashing her head from side to side, the woman continued her efforts to elude capture. Biting and spitting, she raised her head up in one final attempt before succumbing to the inevitable defeat.

Apparently weary from the long struggle, she promptly went to sleep. She snored loudly while the Emergency Room physician examined her and sutured the large gaping head wound. As he completed the surgical procedure, he began to question the police officer who had accompanied the patient to the hospital.

"What did she get hit with? A frying pan?"

The policeman laughed. "Not exactly, but you're close, Doc."

He filled us in on the sordid details. It seemed our patient and her sister had gotten into a verbal shouting match while preparing Christmas dinner. They had liberally imbibed Christmas spirits and began arguing about how to properly prepare the Christmas turkey. The patient's sister decided she had heard quite enough and grabbed the roasting pan with turkey still inside and dealt a heavy blow to the patient's skull.

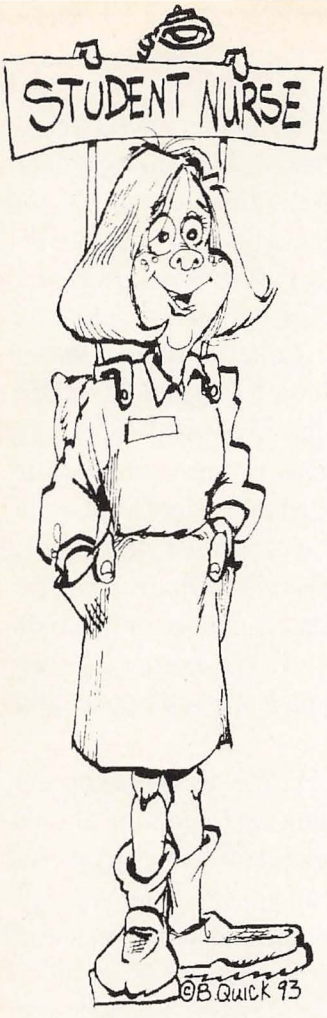


"By the time we got there," the policeman continued, "the turkey and dressing were gone. We couldn't figure out where it went to. Then my partner noticed old Fido sitting in the corner gloating and licking his chops. I guess the mutt ate all the evidence."

The patient had, by this time, finished her nap. Again, she started screaming and shouting drunkenly that we were all violating her "God given civil rights" and "By God, I'll sue you all, you . . ."

After another rather long and colorful list of invectives, she quieted down and looked at us all very seriously and said, quite clearly, "You better let me loose from here. I've got an AA meeting tonight and you're making me late. I'm the guest speaker."

The Cancellation Hierarchy . . . The Census is Low, So . . .



Student Nurse Cut-Ups!

The Oldest Body Fluid

I was preceptor to a first year nursing student who was assigned to Mrs. Maguire, a post-CVA patient with expressive aphasia. During rounds, I was interrupted by the visibly upset student.

"I don't know what to do," she cried, "I've never dealt with this kind of thing before. Should we get a social service or a psychiatric consult?"

We entered the patient's room and were greeted by tortured screams. "Help, help me, please! I've been lying here in a pool of prostitution!"

I checked Mrs. Maguire and explained to the student that she wasn't giving us a true confession. She was just looking for the word "perspiration."

Terri Quillen, RN

Flight of the Foley

In the first year of nursing school, my friend Julie and I had basic skills class. We performed the skills on a dummy so we could all say we had done each skill at least once.

We were videotaping Foley catheterization for our grade when Julie had a slight problem. It was her turn to insert the catheter. She did well until it was time to attach the drainage bag to the bed. At this point the Foley came flying out of the dummy and landed across the room.

Turns out she left the syringe in the port of the catheter, allowing the pressure to deflate the balloon.

Andrew S. Bayne, SN

The Fragrant Gourmet

My sister Barbara, a student nurse, was walking down the hall when she smelled a foul odor coming from the surgical unit's kitchenette. Upon investigation, she found a classmate heating a bowel movement in a pan on the stove.

When Barbara asked, "What are you doing?" the classmate replied, "The patient's Kardex said *warm stool to lab.*"

Donna Trimm, RN, MSN

Eat, Drink, and Be . . .

It was my first clinical rotation. My patient had a pilonidal cyst removed. This procedure requires only local anesthesia, so he was expected to be discharged the same day. I gave my first IM injection to him without any problems. Then, while he was in surgery, I developed great rapport with his girlfriend. My day was going wonderfully!

When he returned to the unit, I took report from the PACU nurse, then did my assessment. He asked me to bring him a dinner menu before I left for the day.

Returning to his room with the menu, I knocked on his now closed door. Without waiting for a response, I barged right in on the patient and his girlfriend having sex. All I could do was mutter, "Um, here's your menu" and make a run for the door.

I learned early always to knock on a closed door and wait until I hear someone say, "Come in."

Jennifer M. Muetzel

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories(50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, EdD, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

A Little Bit of Knowledge Can Be Dangerous

by Darlene Sredl, RN, BSN, MA

I guess I've been a clinical instructor too long. After a while, all the students' papers tend to run together, producing something like . . .

Case Study – Clinical Nursing 201

The patient I am presenting today is a one year old male suspected of having congenial heart disease. He already had PDA litigation.

He had a history of failure to strive for three hours x two. They were also trying to ruler out a bowl construction since he had a sudden exasperation of symptoms. They performed an upper GI series, probably because his father was a Lieutenant in the Army.

Anyway, then they did a bury 'em enemy and told me to be on the alert for a pasty white stool, but all I could find was an old highchair, so I guess that will have to do.

It was reported that there was a thrill when you placed your hand on his chest, but I tried it and, in truth, did not find it all that exciting.

He also has infantigo, so I guess he is still courageous and I should practice good desolation clinique. I read that once in a nursing magazine I have a prescription to.

He was on a dope—I mean drip—which is a shame that children that young have to be exposed to such hard cathartics.

His mother had a history of STP most likely brought about as a result of an MVA. Now the child has a group B strip injection.

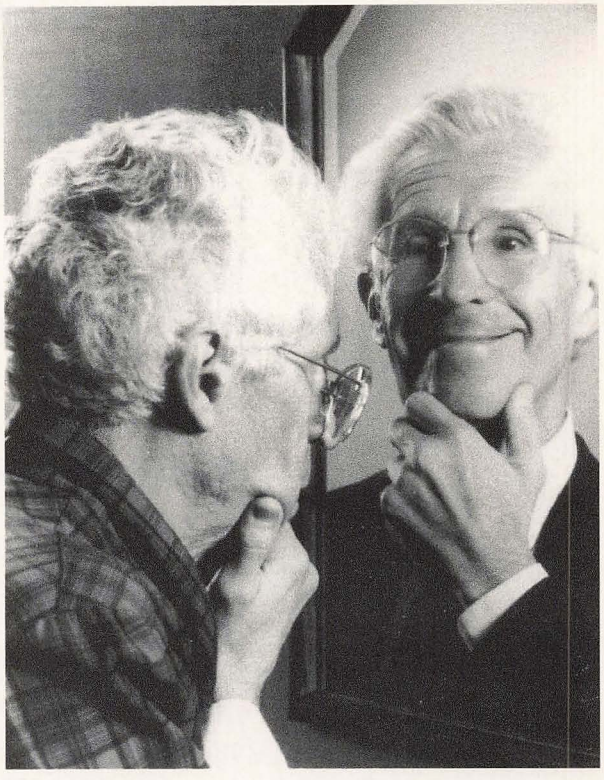
Vital sighns, however, are OK and his prognoses is staple.

Thank you.

(When I presented this paper in class, I received a standing ovulation!)

Nurses: Act Now!

by Dale L. Anderson, MD



Lights on! Curtains up! In your hospital or clinic, another day in the life-and-death drama of patient care is about to begin. You have been cast as a star in this drama. You've been scripted (trained), costumed (uniformed), and directed (supervised) to give an Oscar winning performance in your role as caregiver.

But today as you enter center stage, you don't feel up to your part. For some reason, your emotional chemistry just isn't right. Normally you love your work, but today you'd rather shovel manure than care for patients. People told you that nursing could be rewarding. They forgot to mention the days when you feel like flinging a bedpan in a physician's face or cramming a chart down a crabby patient's throat.

As a nurse, you are a professional in the health theater and you want to "get your act together." You see the need to change your emotional state so that you can perform effectively in your nursing role.

But human emotions are supremely disobedient. They cannot be commanded, cajoled or summoned on command. When you feel tired, stressed, or burned out, just try changing your feelings on cue, at the moment your shift starts. Impossible, right? Makes you wonder if that guy who sang "Don't worry, be happy" was high on laughing gas.

People told you that nursing could be rewarding. They forgot to mention the days when you feel like flinging a bedpan in a physician's face or cramming a chart down a crabby patient's throat.

Acting Releases Healing Chemistry

Actually, there are other options. And to discover them, we can turn to the rich tradition of the theater. Actors have developed successful ways to trigger the desired feelings for a stage role. After all, portraying the whole palette of human emotion is their stock in trade.

Actors know that we cannot directly control our emotions. Yet these professionals also know that we can literally set the stage for positive emotions through factors that we can control. How? One way is to change some aspect of our physical environment. (Actors call it *staging.*) Another is to change what we say (*scripting*). We can also change how we dress (*costuming*) or the way we move (*blocking*). These are just a few examples.

I belong to a small group of Minnesota health care providers and performing artists working to catalyze a

new health paradigm. The idea behind this paradigm is simple: we become what we do. In other words, we can become healthier and happier by acting healthier and happier. By introducing the techniques of acting into health care, people in the dramatic arts and the medical arts can become healing colleagues.

Staging, scripting, costuming and acting the part are such potent techniques that they can alter our very biochemistry. Simple changes in our thinking and behavior can stimulate our bodies to produce neuropeptides such as endorphins. These chemicals can relieve stress, bolster the immune system and promote well-being.

Today, medical science can measure the chemistry of feelings. A rapidly growing area of medical research known as psychoneuroimmunology (PNI) indicates that positive emotion and the chemistry of healing are related. When the chemistry is right, the feeling is right, and our performance—whether on stage or on the job—is "right on."

In his last book, *Oh, The Places You'll Go*, Dr. Seuss called on all of us to become actors:

You have brains in your head.
You have feet in your shoes.
You can steer yourself
Any direction you choose.
So be sure when you step.
Step with care and great tact.
And remember that Life's
A Great Balancing ACT.

And centuries ago, Shakespeare said essentially the same thing:

"All the world's a stage and all the men and women merely players: they have their exits and their entrances; and one man in his time plays many parts . . . "

Those familiar and prophetic lines from *As You Like It* have resounded from stages across the world. We could add that the parts we play create many different chemistries—both for ourselves and our supporting cast of family, friends, patients and coworkers.

Pavlov's Dogs Set the Stage for Method Acting

Nurses and other health care professionals can help themselves and their patients enhance humor, health and happiness by acting an "upbeat" part. To understand this claim, review a little history.

Today, medical science can measure the chemistry of feelings. A rapidly growing area of medical research known as psychoneuroimmunology (PNI) indicates that positive emotion and the chemistry of healing are related.

In 1904, Russian physiologist Ivan Pavlov received the Nobel Prize for his research on digestion. In one famous experiment, Pavlov routinely rang a bell each time he fed a group of dogs. He then studied their digestive chemistries. One day Pavlov did not give the dogs any food. Instead he just rang the bell. He found that the mere sound of the bell triggered the dogs' usual digestive chemistries. Simply put, the dogs salivated just as if they were about to consume their favorite chow. Merely ringing the bell produced an unexpected change in canine physiology—a conditioned response.

Constantin Stanislavski, fellow Russian and director of the Moscow Art Theater, learned of Pavlov's experiments. His response was something like this: if Pavlov can change the chemistry of dogs with a conditioned response, could I do the same with actors and audiences? Stanislavski wondered if feelings are a conditioned response that we can influence by changing certain conditions.

If Stanislavski was our contemporary, he might have framed the question in a slightly different way: can I alter the feeling chemistry of health care providers and patients so they consistently experience more humor, optimism and other positive emotions?

The answer to all these questions is yes. Propelled by Pavlov's work, Stanislavski developed a body of techniques later named the Method school of acting, or more simply, "The Method." Stanislavski's ideas are still a cornerstone of drama education and technique. Stanislavski described precisely how costumes, gestures, posture, image, aromas, music, colors, lighting and staging can alter the feelings of actors and audiences. Using Pavlov's monumental discoveries as a touchstone, we can conclude that Stanislavski taught actors to treat themselves like dogs!

Psychologist William James, an American contemporary of Stanislavski, developed the "act as if" school of psychology, which complements the teachings of Method acting. James once confessed that he could not prove whether human beings possessed free will. Yet he decided to act as if he were free to choose his actions and then note the results in his life. James and

Stanislavski believed—and now modern science confirms—that when we choose a happy, positive role we can ACT ON a healthy chemistry.

When I speak about this topic, I sum up the "act as if" school in a single phrase, "The me I see is the me I'll be!" In other words, the person I become is largely the person I choose to be. And we can extend our choices down to the most concrete details of life: how gracefully we move, how deeply we breathe, how often we smile, and more. These small, moment-to-moment choices make up our role in life. And we can choose a new role at any time.

Fake It Until You Get Real

As you cultivate the good chemistry of acting well, you can reduce stress and enhance health and happiness. Doing so is often a matter of applying a few simple suggestions.

First, set the stage for positive emotion. Explore how you can "set the stage" to have more positive emotion in your life. Consider what aspects of your life are associated with fun, humor and pleasure. What music, colors, aromas, textures and sounds help you feel good? Whom do you enjoy being with? What activities do you look forward to doing? If they are not harmful to yourself or others, then do more of them. Whenever we share a laugh or a good time, we share healing chemistry.

Second, fake it. To develop a humorous role or one that is more comfortable and less stressful, you might need to fake it until the new chemistry feels real. Here's a laughter prescription exercise I strongly recommend. Actors use it to get into the chemistry of a happy part. Stand in front of a mirror twice each day and belly laugh for fifteen seconds. When you first do it, you might feel like the world's biggest fake. So what? Fake it, anyway! As the song goes, "Fake it, fake it, fake it 'til ya make it!"

Psychologists call repeating a new behavior until it becomes comfortable *habit formation.* And when forming a new habit we must fake a new behavior over and over again until it becomes real chemistry.

Third, copy a mentor. To create a character, Method actors identify a role-model, a mentor, a hero, or shero and mimic that person's actions, appearance, and words. In so doing, these actors experience a feeling chemistry similar to that of their model.

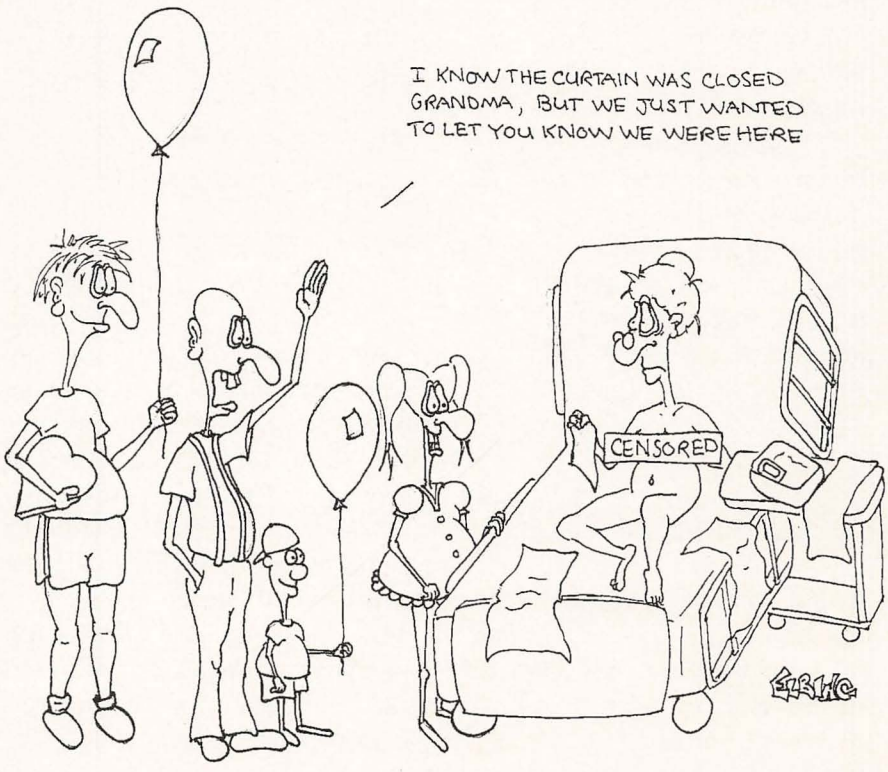
Any of us can do the same. And if you don't like the words *fake* or *mimic,* then substitute the word *act.* Choose your mentor and then script, rehearse, costume, choreograph and stage your new act. Actors do it, and so can we.

Nurses, act happy, act funny, act joyful, ACT NOW! And experience a "dramatic" change of events. You deserve "center stage" and a "standing ovation!"

In Summary

Drawing from the tradition of the theater, we can create a new paradigm for creating humor, health and happiness. The basis of this paradigm: we become what we do. In other words, we can become healthier and more successful by consciously modeling (acting) the happy, healthy traits we desire. In addition, staging, scripting, costuming and acting the part can stimulate our bodies to produce neuropeptides such as endorphins and other chemicals that bolster the immune system and promote well being.

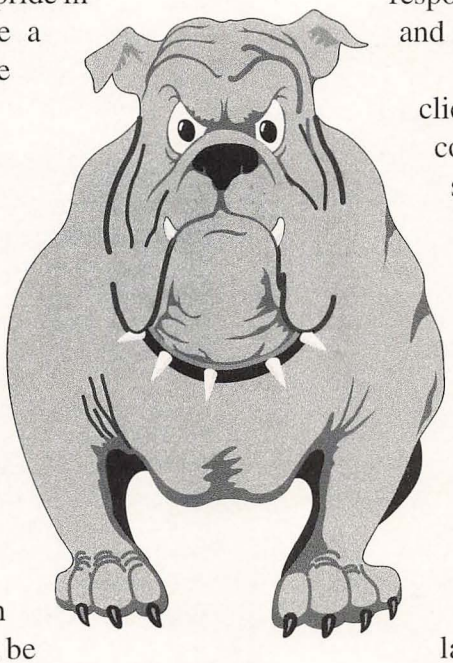
This article was adapted from the book ACT NOW by Dale L. Anderson, MD published by Chronimed Publishers. Reprint rights DLA.



"Come In"

by Micki Warner

Edna was a nurse. But these days, Edna wears civies and goes to the homes of disabled folks as a "nurse/case manager." This new role, after forty years as a floor nurse, has put a spring in her step, some sass on her tongue, and new pride in her ability to offer and organize a variety of services to people unable to access them.



On a crisply and blinding, bright fall day, rarely seen anywhere but New England, Edna, in Tartan skirt, cable knit sweater and Nike sneakers, set out for a home-visit with an intern happily in tow. On the drive, with her confident air and merry presentation, Edna infected the young student with all the joy she experiences at the onset of every new case.

The house was gruesome. In New England, a better word might be "foreboding," but, having seen the house for myself, I'll stick with gruesome. A behemoth of a Victorian, it was plunked on a meager lot, porch right up to the sidewalk. Just another old, odd New England house surrounded by encroaching ranches and brick apartments.

The pair went to the door. With the first knock, they heard the dog. No "yip-yip" dog, but a large "BARK BARK" dog. From the depths of the house they heard a woman's faint voice. "Come in," the voice called. Near the door, the dog continued to bark, and Edna and her charge chose not to "come in." They knocked louder and the dog barked more furiously and began pawing at the door. Again, a voice called from afar, "Come in." Edna called to the voice to "please come and get the dog." The only response was, "Come in" from the voice, and frenzied growls from the dog.

The two women, fearful that the client was in distress and unable to come to the door, began to walk the sprawling porch and peek into windows. Each window they approached held the face of the huge, maddened dog, snarling and snapping between sheer curtains. And from the depths of the house continued the strident call of "Come in." They rounded the side of the house, and found a window with curtains parted. A clear view of the parlor and into the kitchen they could see their welcoming host. A large, white, parrot-like bird was calmly perched atop its cage hollering out its repetitive welcome to each knock or call, "Come in."

Edna silently thanked her many years of nurses' training for "safety first–then action." I am sure the dog was sorely disappointed, and I am equally sure that Edna had a brief moment of wishing to throttle her "not at home" client. But I know it was brief. Knowing Edna, I'll bet this story ends with Edna, the client, the dog, and the parrot-like bird becoming fast friends. The story has to end like that, because Edna would settle for nothing less.

Code on the Front Lawn
(Sung to the tune of "Here Comes Santa Claus")
by Pamela M. Lagrange, RN, BSN

Code on the front lawn, code on the front lawn,
Right on Christmas Eve,
I run out with the Life Pack but the arrest is respiratory.
I need some 0_2,
I need an Ambu, I'd like an airway too.
I just scream and yell for someone to help
As I code the lady that's blue. OH!

Code on the front lawn, code on the front lawn,
Finally help comes out.
The doctor arrives but to his surprise we are doing mouth to mouth!
He yells for 0_2,
He wants an Ambu, He'd like an airway too.
He wants to intubate. Sorry, no, we can't wait,
'Cause this poor lady is blue. OH!

Code on the front lawn, code on the front lawn,
Here comes the old crash cart.
It's a rockin' and a rollin', over grass and gravel,
Losing all its parts.
But, finally some 0_2, Finally an ambu,
The oral airway won't do.
We try to intubate, but she won't cooperate.
At least she's not as blue. OH!

Code on the front lawn, code on the front lawn,
Now we're turning blue.
It's 34 degrees and we're gonna freeze,
If we don't go in soon.
We need an ambulance, We need some blankets,
We need a stretcher too.
'Cause we're on bended knees, listening to this lady wheeze,
As we bag her with the ambu. OH!

Code on the front lawn, code on the front lawn,
The squad is on its way.
We start an IV line, they take her inside,
The lady has been saved!
She's been intubated, And being ventilated,
Let's go to ICU.
But I never again want an outdoor code
On anyone else that's blue!

(Based on a true story at Greene Memorial Hospital, Xenia, Ohio, on December 24, 1994.)

Ode to TB
(Sing to the tune of Jingle Bells)
by Sheri Jacoby, RN, BSN, CIC and Anne Grahek, RN, BS

I've got something in my pocket,
It belongs over my face.
I keep it very close at hand
In a real handy place.
I'm sure you could not guess it
If you guessed and guessed and guessed.
So I'll take it out and put it on.
It's a mask in hepa style.

Refrain

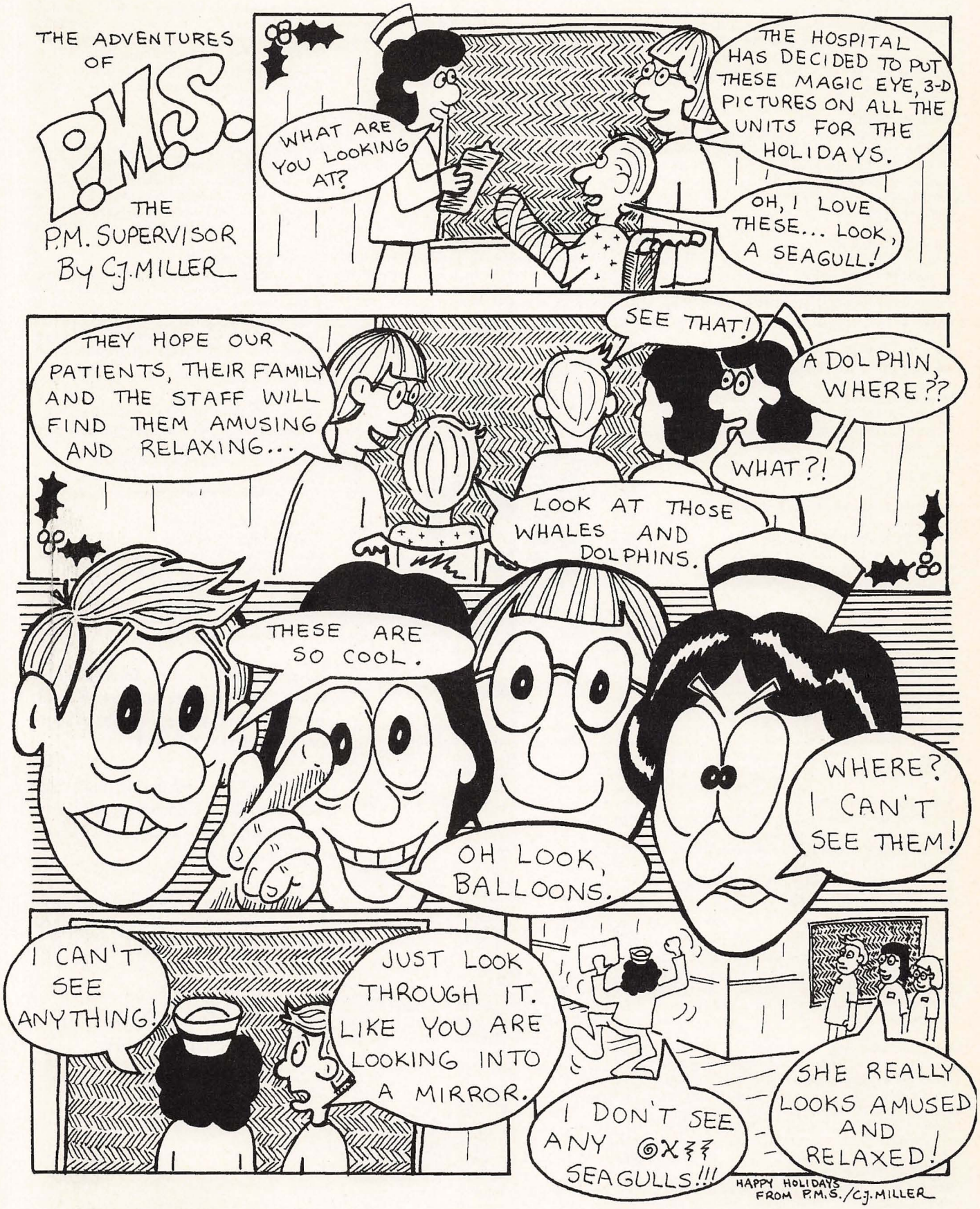
Oh hepa mask, it's a gas,
Put it on this way.
Oh what fun it is to breathe
The hepa filtered way.
Oh hepa mask for the task.
Put it on this way.
Oh what fun it is to breathe
Bug free air today.

I wear one each and every time
I go inside the room.
The TB bugs float in the air,
And can't be swept by brooms.
I do not want to get them
Down in my lung air sacs.
Or I'll have to take INH
To give them all the axe.

The TB bugs are nasty,
Your lungs they'll cavitate.
But a hepa mask will protect you
And help to seal their fate.
Yes respiratory protection
Will help to see you through
This outbreak of infection
And the illness that ensues.

Refrain

Oh INH, PZA, rifampin all the way.
Ethambutol and Rifamate will make your liver's day.
Oh, six months here, nine months there,
A year is oh so long.
Take them as they're prescribed
So the bugs will all be gone.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THE P.M. SUPERVISOR
By C.J. MILLER
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THE HOSPITAL HAS DECIDED TO PUT THESE MAGIC EYE, 3-D PICTURES ON ALL THE UNITS FOR THE HOLIDAYS.
OH, I LOVE THESE... LOOK, A SEAGULL!
THEY HOPE OUR PATIENTS, THEIR FAMILY AND THE STAFF WILL FIND THEM AMUSING AND RELAXING...
SEE THAT!
A DOLPHIN, WHERE??
WHAT?!
LOOK AT THOSE WHALES AND DOLPHINS.
THESE ARE SO COOL.
OH LOOK, BALLOONS.
WHERE? I CAN'T SEE THEM!
I CAN'T SEE ANYTHING!
JUST LOOK THROUGH IT. LIKE YOU ARE LOOKING INTO A MIRROR.
I DON'T SEE ANY @X## SEAGULLS!!!
SHE REALLY LOOKS AMUSED AND RELAXED!
HAPPY HOLIDAYS FROM P.M.S./C.J. MILLER

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OB: Progressing from Front to Back · Disease of the Month Club · Sadistics · How to be a Crack ICU Nurse · How to Read Nursing Employment Ads · Space Alien Abduction Disorder · Nurse's Car Shopping Guide · Addendum to DSM III-R · 44pp., $4.50ppd. Soon to be a collectors item!

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Whinorrhea · Real Reasons Nurses Call in Sick · Toxic Sock Syndrome · En-Clux Test-Bored State of Nursing Review · The Confusion-ometer · Ninja School of Nursing · Communication Skills: Improving Guest Relations · The Humor Basket · Today's Nursing Fashions. 44pp., $4.50ppd.

Vol. 1, No. 3. -Fall 1991
Wild Bill · Bob's Discount Hospital · Gauze · That was No Body, That was Grandma · You Know It's Going to be a L-o-o-o-ng Shift When . . . · Notice of Nursing Vacancy · Arrogant Physician Disorder · Fables from the Forties and Fifties- Peg Redecorates · 44pp., $4.50ppd.

Vol. 1, No. 4. -Winter 1991
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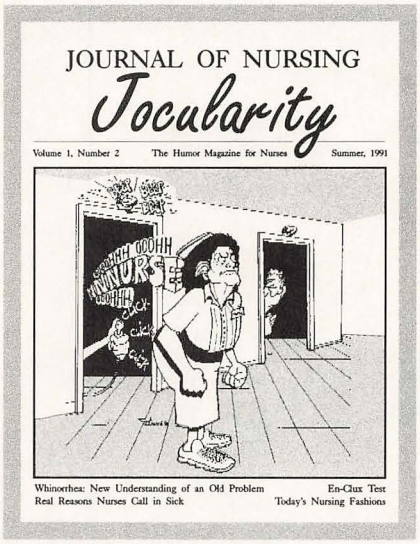

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The Adventures of Indiana Bones · Infection Control Imponderables · My Nine Year Dissertation Pregnancy · Top Ten Work Avoidance Techniques · You Know Your Patient Needs a Psychiatric Consult When... · Lost in Loganville · Confessions of a Fossil · Outbreak of Neisseria Gonorrhea · Being Funny on Purpose · Medical Abbreviations, 48pp., $4.50ppd.

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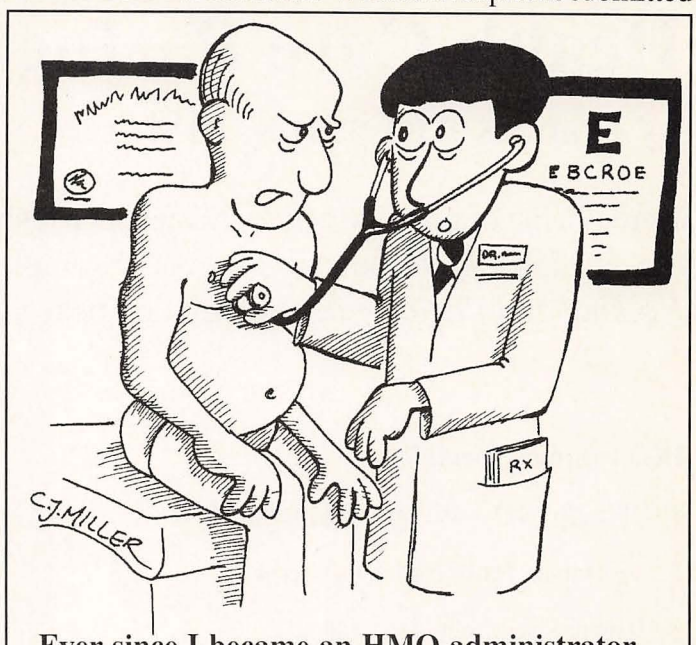
Punchline Puzzler

Winner from our last issue. We had 52 captions submitted



Ever since I became an HMO administrator, I've had this empty feeling in my chest

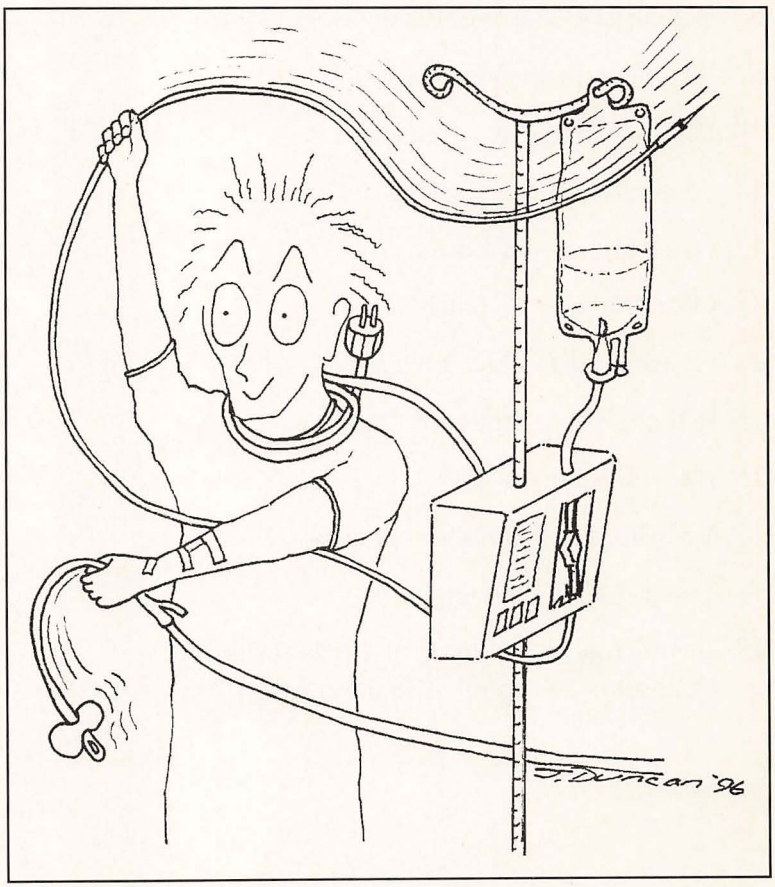
Winning caption by
Kristina Hoerl, RN
Baltimore, MD

Runner-up captions

It's them depositories you gave me, Doc. They don't taste good and they give me heartburn
Barbara Ramsey, LPN
Sandy Lake, PA

Son, I just stopped by to see if you're free for dinner tonight!
Community Medical Center
Missoula, MT

This cartoon needs a punchline. The Journal of Nursing Jocularity will award $25 and a JNJ T-shirt for the best caption. Two runners-up will receive a JNJ T-shirt. **Send entries on a postcard to: JNJ - Punchline, P.O. Box 40416, Mesa, AZ 85274. Entries must be received by December 30, 1996.**



Special thanks to Betty, Bobbie, LeiLani, Lisa, Susan, Mikie, Vicki, Tracey, Diana, Janet, and Annette of the Red Robin Judging Committee

Health Care Partner Match-Ups

by Frances Kiefer, RN, MSN

Here is a list of possible office partners in a reshaped health care environment. Try to match the specialist with the care offered. Example: *Otolaryngologist—Veterinarian* would be *Necking and Petting care*. Solution on page 42.

Practitioner/Specialist

1. Triage MD—Weight Reduction MD
2. Forensic Pathologist—Allergist
3. Burn Specialist—Podiatrist
4. Urologist—Dentist
5. Psychiatrist—Weight Loss MD
6. Computer-Age MD—Sports Medicine MD
7. Dentist—Sex Therapist
8. Podiatrist—Marriage Counselor
9. Sex Therapist—Medical Quack
10. Humor Therapist—Veterinarian—Proctologist
11. Alcohol Addiction MD—Veterinarian
12. Neurologist—Parasitologist
13. Obstetrician—Podiatrist
14. Gynecologist—Alcohol Addiction MD—Urologist
15. Pathologist—Ophthalmologist
16. Burn Specialist—MD Chaplain—Proctologist
17. Veterinarian—Ophthalmologist
18. Triage MD—Pathologist
19. Two Urologists—Acupuncturist—Marriage Counselor—Alcohol Addiction Specialist—Allergist

Care Offered

A. Hot Cross Buns care
B. Tiptoe Thru the Tu-lips care
C. Organ Grinder care
D. Ingrown Toenail care
E. Parting of the Weighs care
F. Happy Horse Poop care
G. Couch Potato care
H. Duck Blind care
I. Hi Ram Walker care
J. Peter Piper Picked a Peck of Pickled Peppers care
K. Killer Bee care
L. Oral Sex care
M. Rubber Ducky care
N. Dead Eye care
O. Roasted Corn care
P. Pickled Pigs, Feet care
Q. To Be Or Not To Be care
R. Jitter Bug care
S. Missi-ssip-pi care

Gimme A Sign!

Wordfind

by Anita Bush, RN, PhD, CNRN

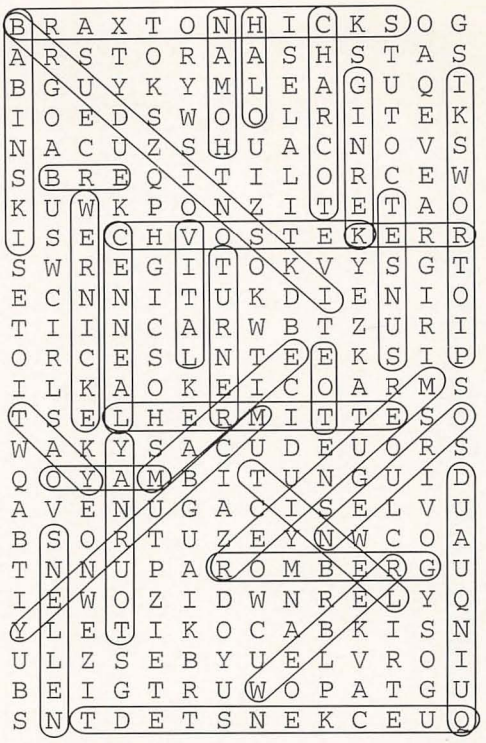
B R A X T O N H I C K S O G
A R S T O R A A S H S T A S
B G U Y K Y M L E A G U Q I
I O E D S W O O L R I T E K
N A C U Z S H U A C N O V S
S B R E Q I T I L O R C E W
K U W K P O N Z I T E T A O
I S E C H V O S T E K E R R
S W R E G I T O K V Y S G T
E C N N I T U K D I E N I O
T I I N C A R W B T Z U R I
O R C E S L N T E E K S I P
I L K A O K E I C O A R M S
T S E L H E R M I T T E S O
W A K Y S A C U D E U O R S
Q O Y A M B I T U N G U I D
A V E N U G A C I S E L V U
B S O R T U Z E Y N W C O A
T N N U P A R O M B E R G U
I E W O Z I D W N R E L Y Q
Y L E T I K O C A B K I S N
U L Z S E B Y U E L V R O I
B E I G T R U W O P A T G U
S N T D E T S N E K C E U Q

Included herein are 32 signs assessed by nurses in their various practices. See how many you can find! (Feel free to look up any you may have forgotten in your Dorland's.) Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! Solution on page 42.

Babinski
Braxton Hicks
Brudzinski
Charcot
Chvostek
Erb
Halo
Homan
Kernig
Kerr
Laennec
Lhermitte
McBurney
Marie
Mayo
Meunier
Neuro
Piotrowski
Queckenstedt
Quinquaud
Romberg
Sunset
Snellen
Tay
Tinel
Toe
Tournay
Turner
Vital
Weber
Wernicke

Solution - Health Care Partners

1.	E	11.	P
2.	K	12.	R
3.	O	13.	D
4.	C	14.	S
5.	G	15.	N
6.	I	16.	A
7.	L	17.	H
8.	B	18.	Q
9.	M	19.	J
10.	F		



NEXT ISSUE

You Can Never Be Too Safe by Sandie Molloy, RN, MSN. So many hospital items can put the unsuspecting at risk if used improperly. We need more warning labels . . .

Who Was That Masked Man? by Michael Roth. Did you ever care for a patient who was at risk for homicide, and forget to wear your bulletproof vest?

Prepping for JCAHO by Steven Schweon, BSN, RNC. Knowing the Joint is coming creates panic, fear, headaches, tachycardias and GI spasms. Next time, be ready.

Happy Nurses' Day by Charlene Gayle S. Pattillo, RN, BSN, QT. Is it just an excuse for candy and cards? Or do we get a Day because we're in the league with Mothers, Teachers and Secretaries?

How to Start a Humor Board or How to Make that Crack in the Wall Look Better, Cheap by Kerri Lynn Hilbert, RN. Everything you wanted to know about humor boards.

Humor Therapy for Culturally Diverse Psychiatric Patients by Josepha Campinha-Bacote, PhD, RN, CS, CTN. Humor is for everyone.

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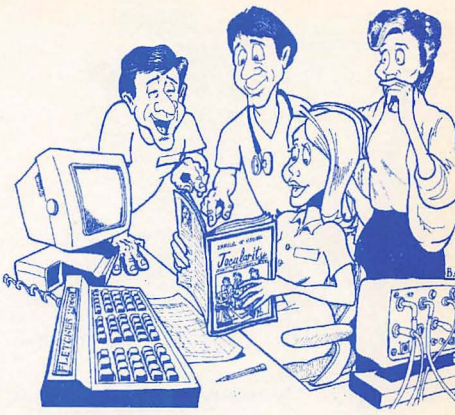

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HUMORx

by Karyn Buxman, RN, MS

The books reviewed in this issue are all written by health care professionals. While anyone can write about health care, an "insider" can provide that extra punch that can only be achieved by someone who has "been there."

"I Swear By Apollo. . ." Laughter, Tears and Medicine (Beebie's Ink, 1995, soft-cover, 160 pages, $9.95) could only have been written by someone who has indeed been there. John "Lucky" Garvin, MD has practiced Emergency Medicine at Lewis Gale Medical Center for over 25 years. "I just can't seem to get it right," he comments. The tales included in his book are "stories which might have happened, did happen or should have happened."

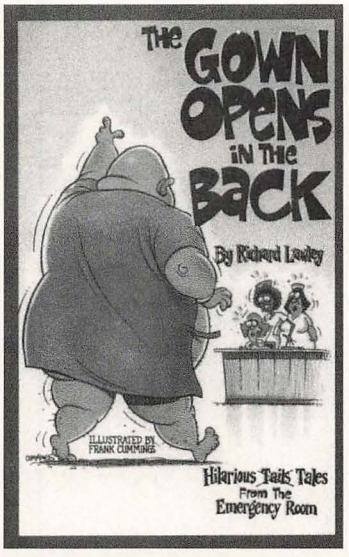
Lucky Garvin has a knack for telling a tale, pulling you into the moment with his lively descriptions. In his chapter, "Bernard," Lucky introduces us to a toddler brought into the emergency room in the wee hours of the morning. Those that have ever braved an ER during those hours will immediately recognize the humor that others may miss.

His nurse, Linda, reports: *"Three year old hit his head on the fireplace. Mother said she went in to check him about an hour ago. He was groggy. She got scared and rushed him over here . . ."*

"How long ago did he hit his head?"

"Three days ago . . . I don't drag 'm in here, Doc; I just repeat their stories."

A little later Lucky goes on to describe the wild child suddenly gone cooperative: *Bernard lay quietly . . . The Golden Rule of Pediatrics states unequivocally that when your examination of a child is going smoothly, it's probably an ambush . . . There are children who have a scream which can blister the chrome off a boat hitch. They may be found in the ER between the hours of 2 and 5 AM, are always faking and they usually play the role of the functional mute until that moment when your ear, like a hapless rabbit, ventures too near the rattlesnake. This little lad was one such.*



Once the exam was nearly completed on the screaming, writhing child, Lucky orders, *"Get a couple of lithium."*

"For Bernard?" Linda whispered, taken aback by my therapeutic audacity.

"No, for me. We have a bipolar disorder here: Bernard's manic, I'm depressed. Bernard can get his own lithium."

This and other stories had me literally laughing out loud. Also included were stories that necessitated time for reflection, or to wipe away a tear.

Also available from Lucky Garvin are Storytelling Tapes, funny and serious; medical, family life and other ($9.95). To order books or tapes make a check or money order payable to Beebie's Ink, 2630 Avenham Ave., Roanoke, VA 24014 or call 540-344-8242 for further information.

The Gown Opens in the Back, (The Best of Times Inc., 1996, 89 pages, paperback $8.95) is written by Richard Lawley, an ER nurse (now in management). He began his career with the intent of revolutionizing health care delivery and has since realized that mere survival is a noble aspiration. This book is continued testimony by another "insider," more proof that in the field of humor and health care, it is absolutely unnecessary to fabricate anything. Take for instance the patient who induced her own cardiac arrest via the Valsalva maneuver—not that unusual and certainly not that humorous. Until you

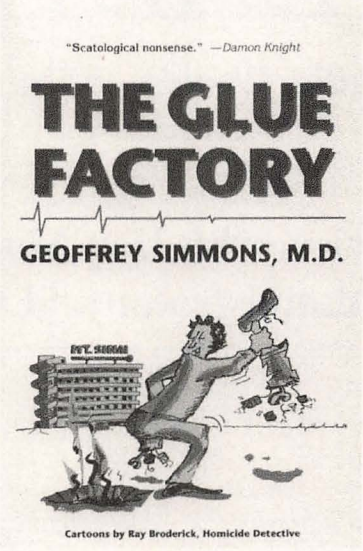
add the component that the unfortunate woman was still on her metal bedpan when she was (successfully) defibrillated. However, the patient is still not sure why she has a horseshoe-shaped tattoo approximately 12" in diameter on her buttocks . . .

Or the new RN who placed her very first NG tube into the stomach of a young man headed for emergency surgery. *Seems he had the most powerful gag reflex known to man. As the tube entered the stomach, the patient gagged and heaved so violently that he blew the syringe off the tube . . . Now there was an open pathway from the stomach to the outside world. The RN continued to hold onto the tube, and beer and fish began to spray everywhere as the patient continued to retch . . . Beer sprayed on the MD and on the nurses as they ran for shelter . . . the new RN was afraid to let go of the tube . . . Finally the MD suggested that someone go in and disarm the nurse. He was elected, and quickly changed his mind, declaring that maybe it would be better to just let the patient run out of ammo* . . .

Richard provides dozens of stories that could only be generated from the "inside." This book is distributed by Southern Publishers Group, 147 Corporate Way, Pelham, AL 35124. Call 800-628-0903 for information on how to order.

And finally, a departure from our usual non-fiction pieces, is The Glue Factory, (Beckett Publishing Company, 1995, 205 pages, paperback, $6.95) written by Geoffrey Simmons, MD. Dr. Simmons works as an internist in Eugene, OR and has written many other books and screenplays.

Picture a time in the not-too-distant future, where, to curtail the spiraling costs of health care, a new provider arrives on the scene: a plastic robot physician. At Mt. Sinai Hospital, Dr. Alan Rossum takes his first tour of duty to determine just how well a robot can perform. He is handsome and gracious, quite human-like, and yet is fireproof, germ-retardant, buoyant, shrink resistant, and—a secret. While it appears that Dr. Rossum is the answer to the high cost of medical care, great steps are taken to keep this experiment quiet lest it fall into the wrong hands . . .



This futuristic spoof is, for the most part, an entertaining exercise in silliness. At the same time, however, Dr. Simmons manages to poke fun at the system that has been, is now, and ever shall be . . . Take, for instance, the general staff meeting for doctors only:

The meeting was held behind closed doors. This night was typical, but for those who have never attended a medical staff meeting, you need to know that the audience is always segregated into a good-doctor section and a bad-doctor section. Very few physicians sit in the gray zone. Subgroups within each area include those doctors who are not very good (or very bad), but are well liked, those who are very good (or very bad), but have personalities that cannot be tolerated, and those who play a great round of golf.

If not found in your local bookstore, you can send $6.95 (and $2 S&H) to The Glue Factory, PO Box 50157, Eugene OR 97405. Until next issue, I remain yours in laughter!

Historic Moments in Nursing

On April 12, 1983, a consortium of male nurses was asked to read the initial printing of Claire Campbell's Nursing Diagnosis and Intervention in Nursing Practice and offer their opinion.

JEST for the HEALTH of IT!

by Patty Wooten, BSN, CCRN, a.k.a "Nancy Nurse"

Interview with Don Marquis
Hospital Administrator and Cartoonist

Don Marquis is a retired hospital administrator. He has been drawing cartoons for almost fifty years. In this interview, he shares his thoughts about humor and health care.

Patty Wooten: Tell us about your career as a hospital administrator.

Don Marquis: Well, I spent twenty years in the Air Force working in base hospitals from California to Alabama to Spain and Vietnam. After I retired from the Air Force, I worked another ten years in two hospitals in northern California.

Don, how did you get started drawing cartoons about health care?

I've been drawing cartoons since grammar school, so it was kind of natural to continue drawing cartoons about health care.

How would you get your ideas?

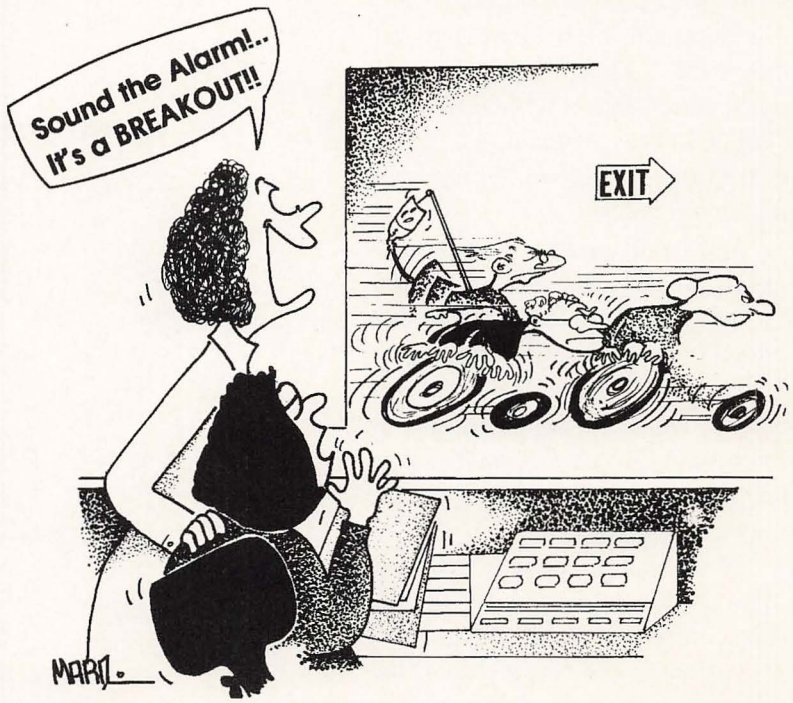
Sometimes I'd just overhear someone say something that sounded funny. One day I heard a silver-haired nurse tell a new grad to "pan the patient." That seemed like an odd comment to me. Later, I drew a cartoon to capture the image that came to mind.

When did you begin to publish your cartoons in nursing journals?

Actually, until the *Journal of Nursing Jocularity,* I wasn't accepted in any nursing publication except *NurseWeek.* I had more luck getting published in *AMA News, Medical Economics, Resident Staff Physician* and *Emergency Medicine.*

Why do you suppose nursing was so reluctant to publish your cartoons?

Oh, I don't think it was necessarily the whole



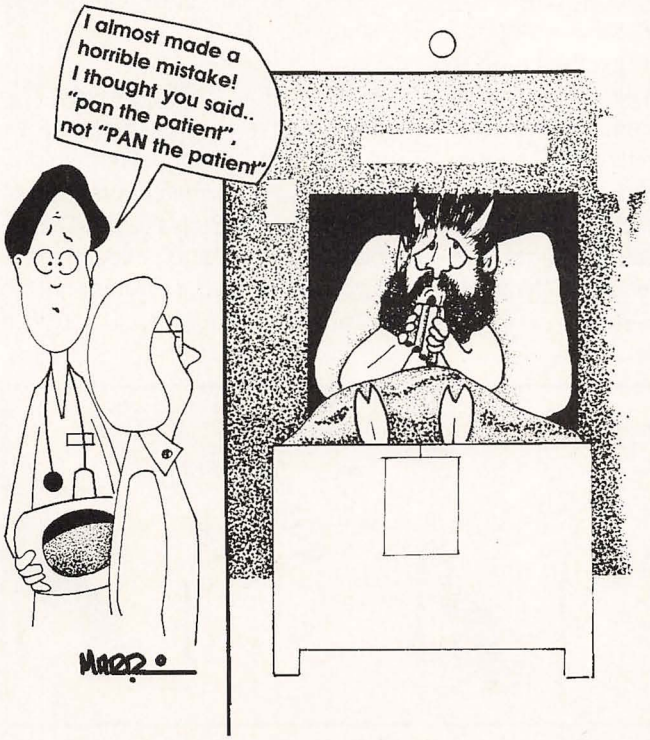
field of nursing, but rather the individual editors of magazines. Even with some journals that routinely published my work, when the cartoon editor would change and the new editor had a different sense of humor, my work would start getting refused. It's just a matter of the personal taste of the gatekeeper. I think most health care publications are very cautious about offending their readers and may hesitate to publish potentially controversial works.

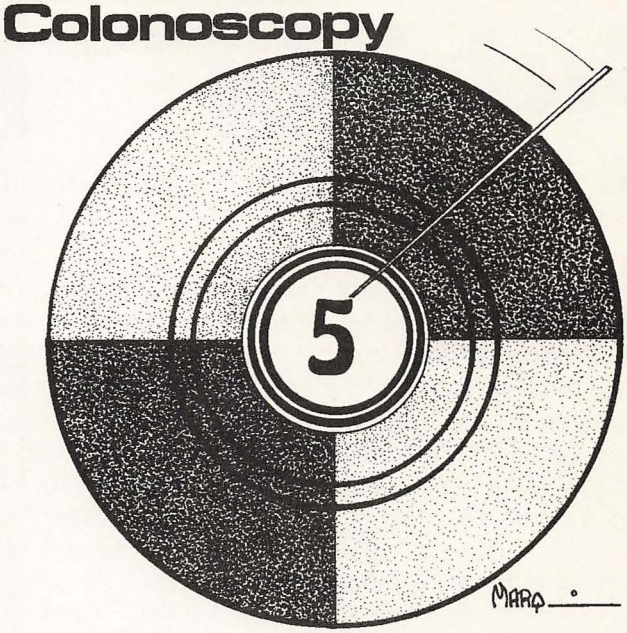
Like issues about health care reform, maybe. Have you drawn any cartoons that speak to those areas?

No, actually I haven't. I retired soon after DRGs were implemented. As the administrator of a rural hospital, I was overwhelmed and frustrated by the struggle to obtain reimbursement and ensure financial stability for the institution. It was getting more and more difficult to find any humor about it.

What advice would you give health professionals about the importance of humor and laughter to cope with the change created by health care reform today?

I think a sense of humor is essential for anyone working in health care. It helps you recover from shocking situations. I remember, during the Vietnam war, working in a Vietnamese Army hospital where amputations were scheduled to occur on one particular day. At the end of the day, the nurses and corpsmen would have to process a large stack of arms and legs. This can really shake you up. They would use humor and make jokes about it, just to cope with the shock and disgust. The humor we see on the MASH television show is a very toned down version of what really happens in a combat hospital.





I'm not sure just what I'm looking at here Mr. Jones, but I may learn something In about 5 seconds.

I also think that humor is an essential skill for anyone in health care leadership. An ability to use or create humor makes you more personable. It is one thing you can do to make the workplace more enjoyable and keep the employees happy. You can't always give them the pay raise or benefit increase they deserve, but you can make an effort to add fun to the workplace and help them enjoy their jobs.

Don Marquis is a regular contributor to the Journal of Nursing Jocularity. You can see more of his artwork on the cover of this issue and the illustrations for the story "Change" on page 6.

Bubbly-ography

and other humor resources

Bubbly-ography is a free service provided by the JNJ for writers, artists and organizations that help make the world a happier place. If you have suggestions for this column, send them to JNJ Bubbly-ography Dept., P.O. Box 40416, Mesa, AZ 85274.

Humorous Books & Magazines

A Change of Heart: On the Cutting Edge of Laughter by James Chapin relates the often hilarious, often touching episodes of his career in film & television and the medical miracle of his 1988 heart transplant. Chapin faced the shock & fear of terminal heart disease with unusual lightheartedness: Laughter became his prescription for survival. Cost: $24.95 + S& H from Cypress House Press, 155 Cypress St, Ft. Bragg, CA 95437.

Do You Love Me? Family Jokes by L.S. Howard is a 50 page illustrated booklet filled with humor relating to husbands, wives, grandmas, grandpas, boyfriends, girlfriends, parents and children. Send $5.00 + 1.50 for S&H to: Lushelho House Publishing, PO Box 661357, Arcadia, CA 91066-1357.

Never Take Comedy From a Stranger by Steve Kissell may be even better than his first highly successful book. This comical treatise on some of the smaller issues in life has the ability to make us laugh at ourselves in the natural environment of normal everyday occurrences. $10.00 ppd. Quality Presentations, 1227 Manchester Ave., Norfolk, VA, 23508. Call (804)423-2867 or fax (804)489-1587.

Don't Get Mad, Get Funny by Leigh Anne Jasheway. If you know how to look for it, humor can be found in even the most annoying situations. The hilarious examples in this book show people how to explode with laughter instead of anger. 144 pp. You can order it for $12.95 from Whole Person Associates, (800)247-6789.

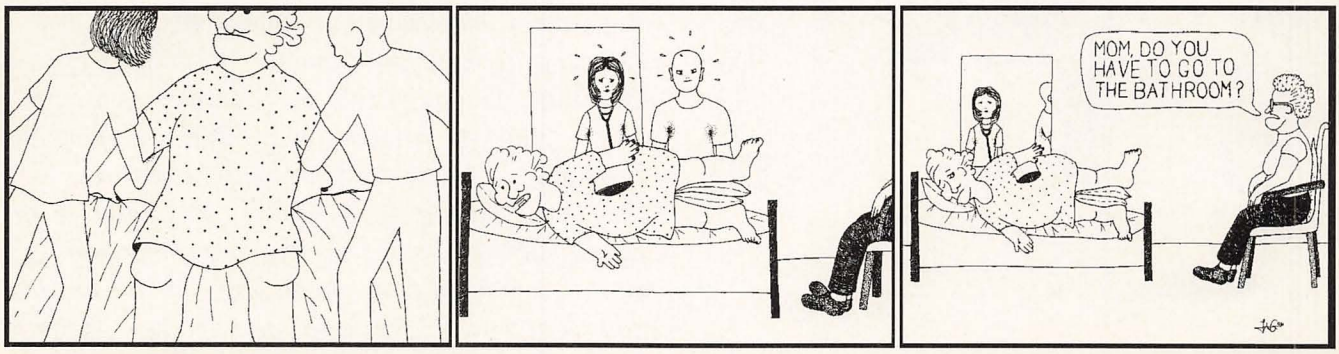
Women's Glib: A Collection of Women's Humor. A book of laugh-out-loud feminist humor, featuring a wonderfully funny selection of stories, cartoons, poems, essays and photos. It covers childbirth, death, sex, food, religion and just about everything else. Edited by Rosalind Warren. For Information contact Roz Warren, P.O. Box 259, Bala-Cynwyd, PA 19004, (215)668-4252.

Humor Research Books & Articles

Laugh Your Way to Health by Dr. Jim Keelan. A wonderful book on humor in action. Having Fun Being Yourself is another one of Jim's six books that all use anecdotes and cartoons. Each: $8 + $2.50 P&H. Communication Unlimited, 7595 W.66th Ave. Arvada, CO 80003. 303-424-0608. Jim also gives workshops around the country on the Healing Power of Humor, Maintaining your Sanity in an Upside Down World & more.

Playfair. People magazine called Playfair's Founder and Emperor Matt Weinstein, PhD, "The Master of Playfulness." Playfair offers a small selection of books, tapes and toys to teach groups to become more cooperative, creative, and productive. For info write: Playfair, 2207 Oregon St. Berkeley, CA 94705.

PUNchline: How to Think Like a Humorist if You're Humor Impaired, by Paul McGhee, PhD. This unique workbook corresponds to one part of Dr. McGhee's 8-Step Humor Development Program, and is designed to help you develop your ability to create your own verbal humor. To order a



copy ($10) call The Laughter Remedy at 201-783-8383.

Gags, Gifts, Toys, & Miscellaneous

Johnson Smith Company. The title of one of their recent catalogs sums up this wonderful company. "Things you never knew existed . . . and others you can't possibly live without!" A 96 page catalog of really fun stuff. For a catalog write to: Johnson Smith Company, 4514 19th Court East, P.O. Box 25500, Bradenton, FL 34206-5500.

Audio & Video Tapes,

Health Care FUN-damentals by Karyn Buxman is an independent study project comprised of 4 audiotapes & a booklet. Includes everything you wanted to know but were afraid to ask about therapeutic humor. 6.2 CE credit optional. 30 day money back guarantee. ($59.95; additional booklets, $10 + $5 S&H) Send check or MO to: HUMORx, PO Box 1273, Hannibal, MO 63401-1273. Credit Card orders: 800-747-0738.

Making Sense of Humor: How to Add Joy to Your Life, written/read by Lila Green. This enchanting audiobook offers fun yet practical tips on how to use humor to enhance communication, relieve stress and increase work performance. The audiobook focuses on humor in healthcare, devoting an entire chapter to the topic. Call 1-800-653-9400. $14.95.

Wits & Bits Audio Magazine: Listen and laugh! The easy way to keep up on the latest trends in humor. Jog with it, play it in the car or in the comfort of your own home or office. HumoRx presents this bi-monthly, 60 minute audio magazine for $59.95. Become a charter member now by contacting: HumoRx, PO Box 1273, Hannibal, MO 63401-1273 or call (800)848-6679.

Therapeutic Humor Newsletters

Humor, Hypnosis & Health Quarterly, published by Chuck Durham, PhD and Mary Durham, MS of the CHUCKLE INSTITUTE (Creative Humor Uses for the Clinical Knowledge of Laughter Expression). HHHQ addresses humor's role in the creation and maintenance of emotional well-being with research findings, clinical case observations and much more. For info write: CHUCKLE INSTITUTE, PO Box 15462, Long Beach, CA 90815.

The Steve Wilson Report-Applying Psychology and Humor to Life and Work. This delightfully informative newsletter is published quarterly by Psychologist Steve Wilson, author of the wonderful book Eat Dessert First. For information about the newsletter or the book, write to: The Steve Wilson Report, 344 S. Merkle Rd., Bexley, OH 43209-1820.

World Wide Web Sites

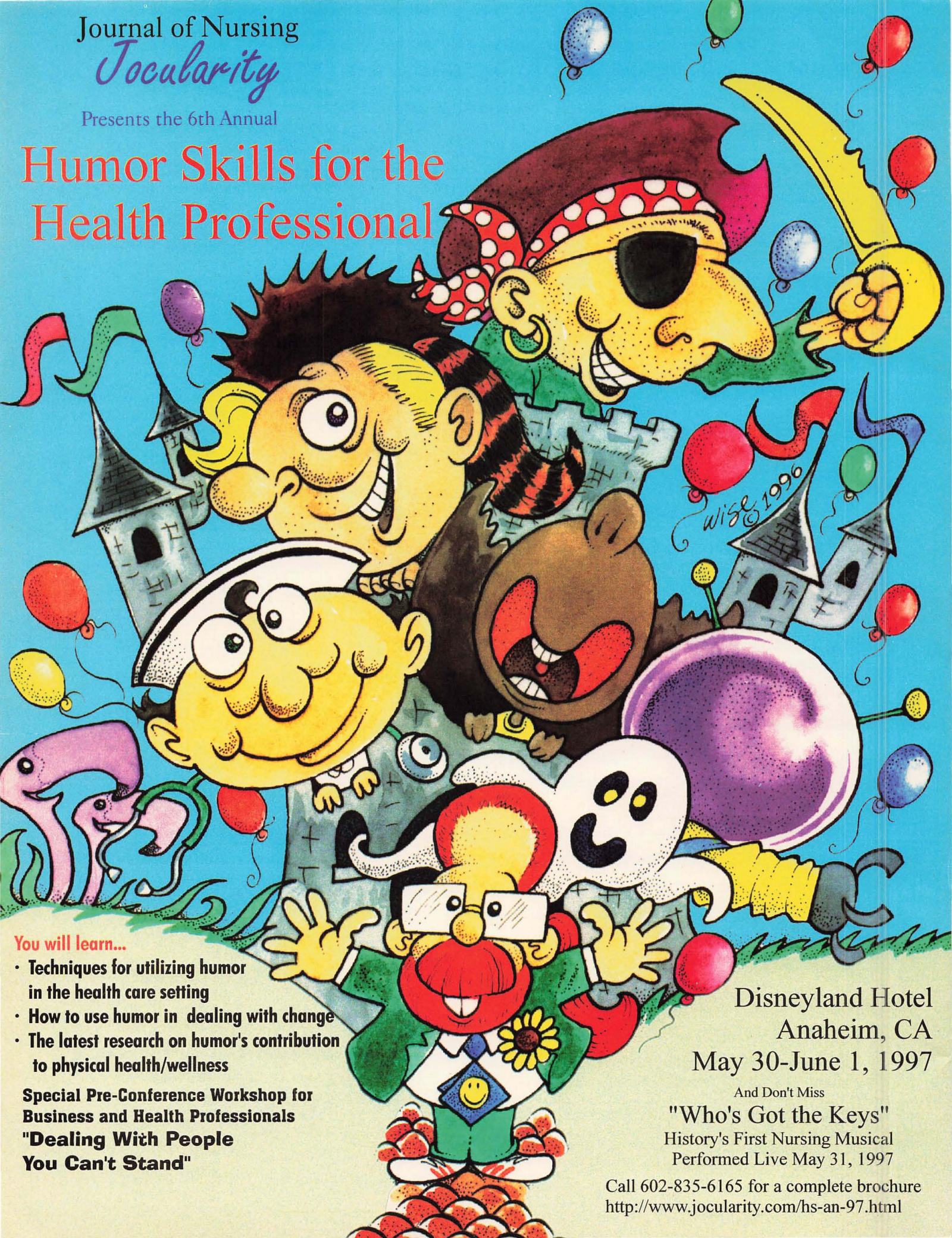
The Randomly Generated Medical Humour Page: Features a new medical joke every time you visit, or you can keep hitting your refresh button to see more jokes. http://www2.jaring.my/cgi-bin/media/medical/humour/medjoke.pl

When you write to these organizations, don't forget to mention the Journal of Nursing Jocularity.

Journal of Nursing
Jocularity

Presents the 6th Annual

Humor Skills for the Health Professional



You will learn...

- **Techniques for utilizing humor in the health care setting**
- **How to use humor in dealing with change**
- **The latest research on humor's contribution to physical health/wellness**

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"Dealing With People You Can't Stand"

Disneyland Hotel
Anaheim, CA
May 30-June 1, 1997

And Don't Miss
"Who's Got the Keys"
History's First Nursing Musical
Performed Live May 31, 1997

Call 602-835-6165 for a complete brochure
http://www.jocularity.com/hs-an-97.html

WHAT IS "LAS LLAVES"

(pronounced las ya-vase)

"Las Llaves" is Spanish for "the keys." The dance is a little thing nurses have been doing for years whenever anyone asks "Who's got the keys" (referring of course to the keys to the narcotics box). The song is from the upcoming musical "Who's Got The Keys" that will be presented May 31, 1997 on the Grand Ballroom Stage of the Disneyland Hotel, in association with our "Humor Skills for the Health Professional" conference.

The song "Las Llaves" is the first single to be released from the musical. It will be available on CD sometime in November. The song and dance were premiered on the "Jocularity Cruise" October 4, 1996.

"Who's Got The Keys" is currently in pre-production. It is the story of a burned out nurse who discovers the real meaning of being a nurse with the help of a maniacal hospital CEO, a cruel medieval cardinal, Florence Nightingale, an evil four-headed HMO monster and a lovable gomer. Filled with song, dance and lots of laughs, "Who's Got The Keys" looks at nursing like it's never been looked at before. Information about this musical is available on our web page at: http://www.jocularity.com/llaves. A brochure for the "Humor Skills for the Health Professional" conference and "Who's Got The Keys" will be available in January, 1997. For more information call 602-835-6165. If you can't make it to the show, "Who's Got The Keys" will be videotaped.

SO . . . WHO'S GOT THE KEYS?

The single "Las Llaves" will be available on CD in mid to late November. You can order by phone at the Jocularity Catalog at 602-835-6165 Monday through Friday, between 9:00am and 3:00pm Arizona time (mountain standard). The cost is $5.00 plus $2.00 for shipping. Or you can sent check or money order to:

Jocularity Catalog
P.O. Box 40129
Mesa, AZ 85274

Yes I want "Las Llaves" on CD when it becomes available in November.
Please send me _____ copies at $5.00 each plus $2.00 shipping for the first CD and $1.00 for each additional CD for a total of $_____

Name _____

Address _____

City/State/Zip _____

Don't Miss Out! Order Today!

How To Do "Las Llaves"

Right hand forward, turn the keys to the right

Turn the keys to the left

Check your left top pocket with your right hand

Check your right top pocket with your left hand

Check your left pants pocket with your right hand

Check your right pants pocket with your left hand

Check your right back pocket with your right hand

Check your left back pocket with your left hand

Step forward with your right foot . . .

. . . then your left foot forward

Right hand out, a little head tilt and a little hip movement

Left hand out, a little head tilt and a shoulder shrug

Step backwards with your right foot

Left foot back with a toe touch

Left foot to the side while turning your body to the right

Right foot back then start all over again